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ADMINISTRATION REPORT

OF THE

PUBLIC HEALTH DEPARTMENT
OF THE CITY OF PORT-OF-SPAIN

FOR THE YEAR

1950

BY

Dr. RODERICK MARCANO, O.B.E., M.D. (Lond.), M.R.C.P. (Lond.), D.P.H. (Lond.),
MEDICAL OFFICER OF HEALTH

Government Printing Office, Trinidad, B.W.I.—1951

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Local Authority in the Urban Sanitary District of the City of Port-of-Spain
1949-50

The City Council

HIS WORSHIP THE MAYOR, ALDERMAN NORMAN TANG, J.P.

Deputy Mayor:

ALDERMAN A. ALMANDOZ

Aldermen:

GEORGE CABRAL

P. QUAMINA

V. R. VIDALE

Councillors:

HON. V. BRYAN

H. M. COOK

C. Y. FLETCHER

J. HERRERA

A. E. JAMES

HON. RANJIT KUMAR

G. L. F. LAU

M. LEE LUNG

C. B. MATHURA

R. MITCHELL

L. MONSEGUE

Q. O'CONNOR

R. QUEVEDO

L. SIMPSON

C. WARD

Administration Report of the Public Health Department of the City of Port-of-Spain. Year 1950.

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Public Health Department,
35, Frederick Street,
Port-of-Spain,
Trinidad, B.W.I.

23rd October, 1951.

URBAN SANITARY DISTRICT OF THE CITY OF PORT-OF-SPAIN

Secretary, Local Authority

Sir,

I have the honour to submit, for the information of the Local Authority, the Annual Report on the health and sanitary condition of the Urban Sanitary District of the City of Port-of-Spain for the year ended 31st December, 1950.

The year 1950 was a satisfactory year for the Public Health Department of the City Council though it cannot be said that any great step forward has been taken. But whatever progress had been made during the preceding year 1949 has been consolidated and all the various services that the Department is responsible for were maintained at a satisfactory level.

Though it cannot be denied that the public health of the Urban Sanitary District is good and that this City compares not unfavourably with others better placed and with greater resources in so far as health and sanitation are concerned, yet the forward march that should be expected year by year has not been achieved, and all that can be recorded is that the year 1950 was not unlike the year 1949 in facts and figures.

It is of interest to enquire as to what is responsible for this state of comparative standstill when it will be found again that those twin enemies of progress, lack of sufficient money and the late approval of the yearly estimates, are again the main causes of this unsatisfactory state of affairs.

Though the Local Health Authority stands to benefit each year to the extent of one-half of the annual expenditure on public health measures as a result of the adoption of the Report of the Financial Commission appointed by Government to enquire into the financial relationship between Government and the Municipalities, yet the income for any one year is based and can only be based on the expenditure of the previous year which usually makes itself known only by the end of March of the current year, and when this is coupled with the late approval of the Estimates by the Legislative Council—the Estimates for 1950 were approved only in November,1950—it is clear that no more than the maintenance of the *status quo* for the greater part of the year is possible, and no project or plan involving the expenditure of any large amount of money can be undertaken until late in the year and sometimes hardly before the end of the current year when it is usually too late and the most that can be done is to revote the money for the next ensuing year.

Without extraordinary works the many insanitary features in the poorer sections of our City which have been detailed in my previous reports, cannot be dealt with in an effective manner, and without proper staff and equipment the Public Health Department cannot function at its best.

I have made reference to these difficulties and disadvantages not only to demonstrate their adverse effects on the state of the public health but also to try and impress upon the Council that if we are to go forward and achieve a higher standard of health and efficiency the Public Health Department must be given the wherewithal at the very beginning of the year with which to buy the necessary tools, and major works must be undertaken and continued throughout the entire year.

I am pleased to be in a position to record that these important facts have been recognized and that action is being taken to secure the desired end. In fact there is every reason to believe that our Estimates, like Government's will be approved in November or December of the preceding year and that it will be possible in the future to spend money voted for staff and equipment as well as for other public health measures right from the beginning of the year for which it has been voted.

The mean population was estimated to be 104,311 souls, an increase of 2,747 on the corresponding figure 101,564 for the year 1949, and the natural increase of population 2,735 souls as against 2,890 in 1949.

In so far as the figures go, they may be said, briefly, to be almost identical with those recorded for the year 1949 except for minor changes here and there.

The birth rate worked out at 37.45 and the death rate at 11.22 per 1,000 population as compared with 39.75 and 11.29 per 1,000 population for the previous year; and the infant mortality rate was 43.02 per 1,000 live births as against 42.36 in 1949, a slight but hardly significant increase.

Diseases of the heart and blood vessels continued to take their high toll of human life and showed a slight but hardly significant increase on the mortality figure recorded in 1949, i.e., 2.64 per 1,000 population as against 2.56 in 1949; in the same way the death rate for notifiable infectious diseases and for diseases of the nervous system including cerebral haemorrhage showed a slight but hardly significant downward trend, i.e., 1.24 as against 1.50 per 1,000 population in the case of the former and 1.29 as against 1.34 per 1,000 in the case of the latter.

The death rate for pneumonia, broncho and lobar, was also less by .21 per 1,000 population than that recorded for the previous year, .52 as compared with .73 per 1,000 population.

For the rest there was hardly any difference at all in the figures recorded in the two years 1950 and 1949; pulmonary tuberculosis .53 as against .57 per 1,000 population; enteric fever .03 as against .05; diphtheria .03 as against .02; diarrhoea and enteritis .35 as against .30; syphilis .08 as against .07; bright's disease and nephritis .23 as against .25; and cancer and other malignant diseases .89 as against .90.

I do not propose to repeat myself again this year but I shall say in brief that a great reduction of these figures is desirable and can take place with major works of sanitation and with more concentrated public health effort.

There can be no doubt that what has happened in the St. James area can and will almost certainly happen in the East Dry River and Belmont Districts. Almost from the commencement of the major works of drainage, road making and road widening, relaying out of lots, &c., which took place when St. James was included within the limits of the City, the state of the public health in that area improved and the St. James of today bears no comparison with the St. James of 15 years ago in so far as health and sanitation are concerned. And if the sewerage system of sewage disposal were to be installed, still, further improvement in the state of the public health would be achieved and St. James would be as healthy as St. Clair.

The East Dry River and Belmont Districts must be given the benefit of a comprehensive scheme of major public health works of drainage and sewerage, of a more adequate water supply system together with a better layout generally, to include provisions for the widening of streets and the reshaping of lots, and until this is done improvement in the health of these areas will be a slow piece-meal affair and they will continue to remain the most unhealthy, the most congested, and most overcrowded of all the Districts in the City. This work is long overdue; happily at the moment I write some action is taking place and a survey undertaken by the Topographical Survey Section of the Lands and Surveys Department at the request of the Council as a preliminary to the preparation of a comprehensive scheme for the improvement of the East Dry River and Belmont Areas, has just been completed, it is reported.

It is to be hoped that it will not be long before the first sod is turned in the execution of this Scheme for which the Public Health Department has been clamouring during the last 15 years.

I take great pleasure once again to record my sincere thanks and those of the Department for the great interest displayed in, and the ready co-operation and the active help given to, the work of the Department and to public health matters generally by His Worship the Mayor, Aldermen and Councillors of the Local Authority.

It can truly be said that the public health of the Urban Sanitary District is the very first concern of the City Council, and that we have not travelled faster than we have done is due almost entirely to limitation of funds. There can be no doubt now that the much needed improvement will materialize and as I write I am in a position to record that already increase of staff and additional equipment have been secured.

For this the Department is truly grateful.

As before the Town Clerk's and the City Engineer's Departments rendered the greatest possible assistance and co-operated magnificiently in all matters, plans, and projects needing their help. If anything has been achieved during the year under report it is due in large measure to the ready support of the Heads of these two Departments and I take this opportunity of expressing my heartfelt thanks and that of the Department as a whole.

I have the honour to be,

Sir,

Your obedient servant,

RODERICK MARCANO
Medical Officer of Health

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

No new addition has been made to the acreage of the City since 1949 when the 168 acres of the Dock Site area, of the King's Wharf area, and of the area south of the Railway and east of Petroleum Warehouse were added to the City by the declaration of the latter's southern boundary to be "the Sea, wherever it is and wherever it is likely to be in future".

But there has been a good deal of clamour for the inclusion of St. Ann's, a portion of the Maraval Area, Ross Lands in St. James, &c., within the limits of the City. If serious consideration is given to these demands major works of sanitation and slum clearance must, of necessity, be undertaken at the same time.

Slum Clearance in the eastern section of the City has unfortunately ceased through lack of funds and the cleared areas remain unbuilt upon and very often in a most insanitary state, overgrown as they sometimes are with grass and bush, and littered as they nearly always are with discarded tins, drums, bits and pieces of wood and paraphernalia of all sorts.

At the same time John John, the East Dry River District, and the adjoining parts of Belmont are getting more and more congested and the old buildings here which are used as dwelling houses are falling more and more into disrepair seeing that they are now nearly all occupied as barracks due to the large number of occupants they are forced to accommodate.

A difficult problem in the extreme south-eastern section of the City is Shanty Town for which no remedy has yet been found and which continues to grow and to be a menace to the health of this part of the City.

This problem in the City together with the companion problem in the adjoining area outside the City is now assuming alarming proportions, and if not tackled in earnest may soon become insoluble, and may very well be a cause of major unrest when the problem has grown so large that firm action is deemed imperative.

The population of the City continues to grow both by natural increase and by the influx of country residents in search of employment, which adds to the overcrowding of the already limited number of dwellings. The density of the area east of the Dry River grows every year and is the source of no small amount of anxiety and concern to the Public Health Department which is forced to keep a very alert eye here in case an outbreak of infectious disease were to occur.

There are signs that the long awaited project of paving the Maraval River will soon be an accomplished fact; as I write the work is actively under way at the extreme southern end where floodings occur regularly and do so much damage to stock, poultry, and property. It is to be hoped that this work will be continued from section to section until the whole River has been paved.

Government have undertaken to carry out the project of widening the Eastern Main Road and South Quay, but here it is sincerely to be hoped that all the difficult drainage problems which may result will be properly taken care of.

There is also hope that major works of sewerage, drainage and road making in the East Dry River and Belmont Districts will not now be unduly delayed. The survey undertaken by Government at the request of the Council, as a necessary preliminary to the preparation of comprehensive plans for the improvement of these areas, is stated to have been completed.

SANITARY CIRCUMSTANCES

Water

The sources of water supply to the Urban Sanitary District remain unchanged during the year under report.

The usual difficulty was experienced with some of the river sources, the Maraval River supply particularly, in that floodings of the rivers concerned occurred at intervals during the rainy season thus rendering the water unfit for drinking and domestic purposes, and necessitating the closing down of the Reservoir concerned until the water appeared fit enough to be admitted again to the Reservoir.

I must again repeat that these river sources and particularly the Maraval River supply must be dealt with at the earliest possible opportunity. They are getting more and more suspicious as their catchment areas are getting more and more either built upon or cultivated and it is at great expense and with no small amount of anxiety that filtration and sterilization are undertaken. An unduly large amount of sterilizing chemical has to be used and the state of the untreated water can well be judged by the amount of residual chlorine left at the distribution end of the Reservoir.

Nevertheless, in spite of these handicaps, a potable supply of water is obtained as can be judged by examination of the table listed hereunder.

The well sources continue to maintain their traditional good quality but some of the wells need cleaning and deepening, a project which, I am given to understand, will be undertaken early in 1952, provisions having already been made in the Estimates for so doing.

The salinity of the wells of the Farrell Pumping Station which for the past few years had been showing a slight tendency to get progressively greater has quite surprisingly fallen back to its former limits, the explanation for which is not quite clear, but samples taken regularly for salinity have been showing a marked drop in their saline contents.

An attempt to add to the volume of the City's water supply by the sinking of a well in the grounds of the Abattoir has so far proved to be a failure, samples taken for both chemical and bacteriological examination showing a water which is not free from the suspicion of dangerous pollution.

The distribution system of the City's water supply is not without suspicion that the possibility of leakage and pollution is a real and ever present one. This is not to be wondered at when it is remembered that the Waterworks are an old system and the distribution lines laid down many years ago when the City was very much smaller than it is now. The overhauling or rather the renovation of this system is now one of urgent necessity and the relaying of the whole of this system should not now be too long delayed, if we are to avoid a breakdown or what is likely to be much worse, a catastrophe resulting from the drinking of polluted water.

Bacteriological Examination of Water Supply—1950

WHERE DERIVED	No. of Samples taken	RESULTS OF EXAMINATION	
		Safe	Unsafe (B. Coli present)
* Cocorite (Wells)	349	324	25
* Diego Martin (Wells)	43	41	2
† St. Clair Pumping Station	43	43	—
‡ St. Clair Wells (untreated)	1	—	1
St. Clair Wells (treated)	15	13	2
† Maraval (River)	32	28	4
§ Cascade (River)	49	49	—
§ St. Ann's (River)	29	26	3
Queen's Park Savannah Well (untreated)	3	2	1
‖ Picton Reservoir	123	92	31
¶ Colonial Hospital (Tap) ...)	50	49	1
¶ 143, Charlotte Street (Tap) ...) Quare River	51	49	2
¶ 133, Henry Street (Tap) ...) Supply	49	48	1
Microbiological Institute (Tap)	50	48	2
City Proper (Taps)	100	94	6
East Dry River (Taps)	20	15	5
Belmont (Taps)	56	54	2
Woodbrook (Taps)	43	42	1
St. James (Taps)	61	53	8
St. Clair (Taps)	7	7	—
St. Ann's (Taps)	—	—	—
WELLS ON PRIVATE PROPERTY:—			
Trinidad and Tobago Electricity Commission—Wrightson Road ...	14	7	7
84, Marine Square	4	—	4
Sea Lots	2	—	2
Richmond Street	11	10	1
Charles Street	1	—	1
Ajax Street	1	1	—
TOTAL	1,207	1,095	112

Standard of Purity : B. Coli absent in 100 c.c.

* Chlorinated, not filtered.
† Filtered after Chlorination.
‡ Chlorinated before distribution.
§ Filtered before Chlorination.
‖ Filtered before Chloramination.
¶ Chlorinated after having been filtered and chloraminated.

Chemical Examination of Water

Samples examined by Government Chemist—1950

WHERE DERIVED	No. of samples examined	No. of samples found safe
Picton Reservoir	36	36
Maraval Reservoir	9	9
Cascade Reservoir	9	9
St. Ann's Reservoir	9	9
Cocorite Pumping Station	8	8
Do. do. (for salinity)	153	153
Diego Martin Pumping Station	9	9
St. Clair Wells	6	6
Queen's Park Savannah Well	1	1
Abattoir Well	1	1
TOTAL ...	241	241

Drainage and Sewerage

No new development or untoward happening occurred under these headings in the year under report. It is true that the getting rid of the privy cesspit and septic tank system in the sewered area of Woodbrook was actively pursued during the year and some progress achieved by the connecting up of an increased number of dwellings with the Council's sewerage system, but the pace of this work ought to be quickened as it is years now since the sewering of Woodbrook has been completed and all premises ought by now to have been connected up and the full benefits to the public health that such a system ensures fully achieved.

As I have stated before, the lower end of the Maraval River is, at the moment I write, being paved and a survey of the East Dry River and Belmont Districts undertaken by Government at the request of the Council, whose Planning and Redevelopment Committee for this Area is actively at work on comprehensive plans for the drainage, sewerage and relaying out of the Area, has just been completed. It is to be hoped that the annual recurrent flooding of premises and cesspits, and the damage to house property, poultry, and stock which is a regular occurrence during the rainy season in these Districts will come to an end with the carrying out of this Scheme.

Scavenging and House Refuse

No deterioration in the standard of scavenging and refuse disposal took place during the year 1950 and the City continued to maintain its reputation for cleanliness.

It is true that the centre of the City and the adjoining parts of the surburbs do present a clean and well kept appearance in the mornings immediately after the sweepers and scavenging carts and trucks have done their work, but later in the day and in the outlying sections of the various sub-districts an improvement in the general standard is necessary.

There are difficulties of course in these areas:—narrow streets, premises on the hills which are difficult for scavengers and carts to get to, difficulty in getting residents to provide and maintain dustbins in good condition, but greater concentration and particularly greater co-ordination of effort by scavengers and refuse trucks and carts would surely get rid of the many unseemly accumulations of refuse which can be seen at odd points in these areas.

The female scavengers on the hills do not seem to be able to time the arrival of the carts and trucks properly with the result that the refuse is often dumped at chosen points along the main streets only to remain there for long hours on end or until next day when the morning round begins again.

The greatest danger of nuisance, fly and rat nuisance particularly, is at these points in these areas, and because of unsatisfactory dwellings congested with people who assume no direct responsibility, and of poor environmental hygiene generally the residents here are most vulnerable and are likely to suffer most.

The work of persuading and in some cases of forcing occupiers to provide proper dustbins continued unabated during the year under report but it is often very hard work and very likely due to the lack of the necessary education.

There are so many people who believe that an old box or a discarded beer carton is a dustbin and it takes a good deal of time and patience and in some cases recourse to the process of law to make them think otherwise.

Too many people believe that the footpath is the proper place for a full bin to be placed in the mornings whilst waiting for the scavenging carts and trucks to empty them. This is quite definitely wrong; the bye-laws state within the gateway, and within the gateway it should be. The scavengers attached to the Transport Train have all been instructed to enter within the gateway and pick up the bins which have been deposited at this particular point. If this were done, the daily disfigurement of the footpath which is such a common feature will cease, and if and when dogs do enter the gateway, the searching of the bins and the resultant mess that ensues will not be exposed so fully to the public eye.

Certain merchants deliberately break the law and not only obstruct the footpath with their dustbins, boxes, and cartons, but actually on occasions deposit their contents in the drains at the side of the street. Time and again shop and parlour keepers have been observed stealthily depositing house and trade refuse in these drains creating a most objectionable nuisance. This happens most frequently in the eastern down-town areas between George, Charlotte, Duncan and Park Streets.

We have already appealed to these people to play the game and we hope that they will; we are anxious to give them every facility and to co-operate to the fullest with them, and all that they need do is to get in touch with the Transport Train which will remove their garbage either free or at a small cost. But we must repeat that we take a very serious view of behaviour of this sort and intend to put an end to this practice, if necessary by frequent recourse to law.

SANITARY INSPECTION OF THE DISTRICT

Premises and Occupations controlled by Bye-laws and Regulations

Food

The quality and quantity of food available to the population of the Urban Sanitary District is one of the main preoccupations of the Public Health Department and a good deal of attention is paid and energy expended on this particular aspect of the public health.

For it is true to say that if it were possible to secure an ample supply of good, clean, and palatable food, within the reach of the pockets of one and all, the health of the City would show a decided improvement. Unfortunately at the moment I write the food situation is far from being satisfactory, and, with the high cost of living index which seems to rise almost every day, shows signs of a serious deterioration. The cost of essential basic foodstuffs has taken a sharp upward trend and shortages here and there are occurring frequently. Meat is not at all times freely available; fish is plentiful at one time and extremely short in supply at another time; eggs on the whole tend to be scarce, animal fats are very expensive and green vegetables and fruits often conspicuous by their absence. In fact it is a matter for serious thought as to how the ordinary man in the street, and for that matter, even the white-collared workers manage to get three square meals a day considering the supply and the price of foodstuffs generally.

It is true that a certain amount of salt fish and pickled meat is nearly always available but they are a poor substitute for fresh meat or fresh fish, and in spite of what is generally stated it is a fact that the man in the street does prefer fresh meat and fresh fish to salt meat or salt fish.

The cost of rice is almost certainly going to rise and the supply of local produce is far from being adequate yet to make up the deficit in rice, if and when the taste for local vegetables is such that they are preferred to rice.

In these circumstances it is a matter for great satisfaction that Government have acted expeditiously in reviving the "grow more food campaign" that worked such wonders during World War II, and already there can be seen food gardens making their appearance once more in the back yards of dwellings, and poultry runs and stock farms on premises not far removed from the heart of the City.

Concurrently with all this the work of the Department directed to the securing of good, clean food free from contamination continues, and it is true to say that greater and greater success is being achieved each year. More and more the "Bye-laws with respect to the Sale of Foodstuffs" are being observed and a greater understanding and appreciation of the aims and objects of the bye-laws is apparent in the more overcrowded and least sanitary areas of the City where the greatest danger of contamination with its attendant evils exists.

There is, of course, a good deal of leeway yet to be made up and this is only too obvious in the Frederick Street, Dry River, South Quay, Park Street quadrangle where some of the most insanitary restaurants continue to thrive in spite of determined efforts to eradicate them. Many of the premises here were never meant to be used as parlours or restaurants and the type of individual who undertakes the preparation and sale of food in these areas, very often as a last resort when all other attempts at making a living have failed, leaves much to be desired.

The work continues, and no stone will be left unturned to eliminate some, if not all, of the most insanitary food-places that abound in this section of the City.

Sale of Foodstuffs Bye-Laws (1950)

Registration of Shops, &c.

Provision, meat, and spirit shops, restaurants, hotels, refreshment parlours	316
Ground provision and fruit shops ...	17
Bakehouses ...	14
Confectionery shops ...	2
Aerated water factories ...	1
Other factories ...	5
Total 1950 ...	355
Total 1949 ...	459

Registration of Vendors

Bread and cakes	24
Confectionery	20
Cooked food including fries, souse, &c.	53
Meat, fish and cheese	4
Ice-cream and palets	29
Sweet drinks	13
Vegetables, greens, fruits	165
Miscellaneous	2
Total 1950	310
Total 1949	390

Number of badges issued to itinerant vendors	313	(358—1949)
Number of oyster vendors licensed under Sale of Oyster Bye-laws	3	(2—1949)

Sale of Milk Bye-Laws (1950)

Dairies and Milk Shops

Sub-Districts	*Cowshed Licences Issued*
City proper	—
East Dry River (unsewered)	—
Belmont (unsewered)	1
Woodbrook (sewered, but premises not all connected with the sewerage system)	1
St. James (unsewered)	6
Total 1950	8
Total 1949	9

Dairymen's Licences

Dairymen's licences issued to cowkeeper's and other purveyors of milk	9
Dairymen's licences issued to shops, milk bars and refreshment parlours	35
Total 1950	44
Total 1949	59

Milk Vendors' Licences and Badges

City and out-districts	*Milk Vendors' Licences*	*Cows Tuberculin Tested*	*Badges*
Port-of-Spain	42	160	10
Out-districts	109	247	116
Total 1950	151	407	126
Total 1949	146	417	117

FOODSTUFFS SEIZED OR SURRENDERED AND DESTROYED—1950

Under Part X of the Public Health Ordinance, Ch. 12. No. 4

Avocado Pears	...crates	215	Meats (preserved) including frozen beef, ham and sausage	(barrels (tins (pounds	45 530 824
Cheese	...tins	45	Milk (preserved—unsweetened)	...tins	3
Carrots	...pounds	3,500	Onions	...bags	714
Fish (fresh)	...pounds	1,169	Potatoes	(bags (barrels and crates (pounds	38 204 14,181
Fish (preserved)	(cases (tins (barrels	54 296 206	Starch	...bags	67
Flour	...bags	7			
Fruits (preserved)	(tins (pounds	778 150			

Anti-Rat Measures

The work to abate rat nuisance continued in a routine manner right through the year 1950 and there is very little new to report under this heading except to state that our efforts are meeting with greater and greater success as is evidenced by the increase in the number of rats that have been caught. This is to be expected as every week that passes, we review, as review we must, our methods of attack on and refine our technique for dealing with these vermin.

The rat is, as we all know, a very clever mammal and soon learns to grow shy of and avoid anything that he has learnt from experience is likely to harm himself and his fellow companions, a thing which he can quite easily do under existing circumstances seeing that it is the rule rather than the exception for all kinds of bits and pieces of food to be thrown about the yard or even the kitchen of the premises, on which rats can readily feed.

In fact if anything is important at all in this fight against the rat, it is above everything else the pressing need for the householder to cease satisfying every demand of the rat by providing him with all the food that he needs and the shelter that he craves in the form of many suitable and safe harbourages, where he can digest his food and sleep without the slightest interruption.

We have time and again tried to make it clear that under such circumstances rats simply will not take any notice of baits whether they be in traps or are deposited at suitable points frequented by them and the nuisance will continue to recur and increase.

Our methods comprise a mixture of trapping and poisoning, the latter being undertaken after a period of prebating has indicated that rats are taking the particular bait into which it is proposed to incorporate the poison. The poison of choice is arsenic but zinc phosphide is used quite often and we have been using "rod antu" with fairly satisfactory results. In this connection we are now engaged in experiments with "Wharferin" or to use its trade name "Dethmor". We have only been using this anti-coagulant which has the effect of producing internal haemorrhage for a short while and on a limited scale but the results so far are quite promising. Care is needed and experience has to be gained in searching for and locating the dead rats as they repair in their death throes to the most inaccessible of places, and complaints of nuisance arising from the smell of dead rats under floor boards and in the space beneath very low houses which have not been rendered rat-proof cause our trappers and labourers no end of trouble in their efforts to find these dead rats. Poisons generally, and any other substance which is dangerous to cats, dogs, poultry or humans, have to be used with great care and only on premises which have been specially selected and are efficiently supervised, and as a result it is only in the big warehouses, groceries, shops and business places generally that one can feel at all safe in resorting to their use, though poisons have been used in dwellings and in households where the understanding and co-operation of the occupants can be enlisted.

The figures listed in the table hereunder show that the catches of Rattus Decumanus far exceed those of Rattus Rattus and females predominate over males in the ratio of 2.5 to 1.

DESTRUCTION OF RATS AND MICE, 1950

Rats caught by trappers	19,980
Rats bought	12
Total	19,992
Mice caught and destroyed	5,316

EXAMINATION OF RATS BY GOVERNMENT BACTERIOLOGIST

Rats examined for plague	19,992
Rats found infected with plague	—
Immature rats not examined	—

SPECIES

	Decumanus	*Rattus*	*Total*
Males	4,626	1,309	5,935
Females	10,881	3,176	14,057
Total	14,507	4,485	19,992

Anti-Mosquito Measures

The most important development in anti-mosquito activities during the year under report has been the decision to undertake an all-out aedes eradication campaign in keeping with the Continental plan for eradicating the yellow fever carrying mosquito and so to prevent the development of an outbreak of yellow fever if and when the disease succeeds in gaining a foothold; and preparations were well under way at the end of the year under report.

Those of us who attended the last Pan-American Sanitary Conference at Ciudad Trujillo in September-October, 1950, were made to appreciate the fact that this was a proposition with which nearly all the countries of the Americas had signified their agreement, and that the great majority of the Sanitary Authorities were at that time actively engaged in carrying out an aedes eradication campaign. The West Indies generally at that time were not as a whole undertaking this particular work and we were impressed with its importance and agreed to participate.

Towards the end of the year a survey of the degree of aedes infestation within the limits of the City was made by an independent unit comprising inspectors under the supervision of the Malaria Division of the Health Department and the results showed what we were fully aware of, viz: that in the Centre of the City as a whole the aedes index was low, but in the periphery of the City and particularly in those areas which adjoined the populated insanitary areas outside the City to the east, north and west, the index was high.

The aedes eradication campaign started in the early part of the year 1951 and is well under way, but of this more will be said in the next annual report, the report for the year 1951, where it properly belongs.

For the rest the routine work of the Department continued unabated.

The Anti-Mosquito Unit comprises aedes inspectors, and ladder men who attend to eaves gutters that are a cause of so much nuisance; the oiling gang; and the Maraval River gang which does the cutlassing and cleaning of that River of bush, fill up pools, canalise the channel where necessary, and do regular oiling. Depressions are also filled in and levelled in the various parts of the Woodwork area where that is a practical undertaking, and the oiling of all potential breeding places in any part of the City is part of the duty of the oiling gang of the Unit.

INSPECTION OF EAVES GUTTERS, &c., 1950

Number of inspections of premises (Anti-Mosquito Unit) ...	176,235
Number of inspections of eaves gutters	99,185
Number of occasions found in good order	96,288
Number of occasions found defective	2,897
Number of occasions found containing water only	712
Number of occasions found containing water and larvae ...	330
*Number of occasions mosquito larvae were found in tubs, anti-formicas, tin cans, &c.	11,519
Yards cleared of receptacles	9,509

N.B.—*Occasions on which mosquito larvae were found by sanitary inspectors, during the course of 79,174 inspections of premises, are included in above figure.

LARVAL INDEX	*Premises with mosquito larvae per cent. of number visited*
Yearly average 1938–1942	2.1
Year 1943	3.3
1944	5.4
1945	6.9
1946	7.3
1947	5.8
1948	4.4
1949	4.4
1950	4.6

Premises used for human habitation, Houses let in Lodgings, Common Lodging Houses

Under these headings there is hardly anything of importance to record.

No new development took place during 1950 in the housing situation except what we all know and what we all expect, viz., that further deterioration in an already serious situation took place.

Very few, in fact hardly any, dwelling houses were erected and the old houses continued to deteriorate from lack of repair, due to a multiplicity of factors : lack of incentive to rebuild or repair, shortage of building materials, inability to get premises vacated for the purpose of building, &c., of which let it be stated quite definitely that lack of incentive is the first and foremost. Landlords and owners say quite bluntly that it is not worth their while to build any dwelling house in view of the operations of the Rent Restriction Act. In the latter half of the year the situation had deteriorated to such a degree that Government thought it fit to appoint a Committee comprising the Chairman Planning and Housing Commission (Chairman of Committee); the Chairman Rent Assessment Board, Port-of-Spain, the Chairman Rent Assessment Board, San Fernando, and the Chairman, Rent Assessment Board, Arima, with the following terms of reference:—

> "To examine and report by the 31st December, 1950, on the effects of the existing rent restriction measures on the construction of new houses by private concerns and individuals for the purpose of letting for rent, both furnished and unfurnished, and to advise in principle what amendments to the existing legislation, if any, would have the effect of encouraging the building of new houses for this purpose without risk of exploitation of tenants or would-be-tenants of such houses having due regard to the high cost of sites, building materials and labour and also to the acute demand for more housing accommodation in all parts of the Colony".

This is the last quarter of the year 1951, and so far nothing has been heard of the report of this Committee.

No new houses or flats were built by the Planning and Housing Commission on any of the remaining cleared areas that were declared slum clearance areas by the Slum Clearance Committee. This, it is stated, is due to lack of funds which is most unfortunate as this work is crying aloud for completion, and congestion and overcrowding in the down-town areas of the City continue to increase at a very rapid and alarming pace.

The money for this most vital work should be made available and the work proceeded with at the earliest possible opportunity and it is sincerely to be hoped that this will be done in the new year which is just round the corner.

In the meantime the only building activity that is taking place in the Slum Clearance areas is the occasional erection of business places on non-acquired property in accordance with plans and specifications passed by the Slum Clearance Committee and the City Council.

Dwellings and apartment houses in all the suburbs, but particularly in the sub-districts of East Dry River and Belmont, continue to be dangerously overcrowded and the barrack system with all the attendant evils of promiscuity, insanitary and filthy kitchens, bathrooms, yards and privies for which no one assumes responsibility can now be frequently encountered in these areas; the bringing up of children in conditions such as these can better be imagined than seen.

In these circumstances a heavy burden of responsibility and no little anxiety is thrown on the Department as there is, inevitably, a continuous fight going on between landlord and sanitary inspector to secure the barest minimum of sanitation, and it usually means a lawsuit to get a privy cesspit emptied, repaired or rebuilt, a yard cleaned, or a dustbin provided.

The work continues in spite of the difficulties and no stone is left unturned to keep these insanitary conditions under control and to avert an outbreak of infectious disease.

VITAL STATISTICS OF THE DISTRICT

Comparative Summary of Vital Statistics

(*Unless otherwise stated, rates are per* 1,000 *population*)

	1921	1948	1949	1950
Area of City—acres (pastures and open spaces included)	1,793	2,550	2,550	2,550
Estimated population (means)	61,386	98,911	101,564	104,311
Density of population (persons per acre) ...	34·2	39·32	40	41
Total live births	1,687	4,053	4,037	3,905
Birth rate	27.28	40.98	39·75	37·45
Still births registered	154	223	244	165
*Still birth rate	91.3	55·02	60.44	42.25
Marriages registered	534	1,000	1,034	948
Marriage rate	8.64	10.11	10.18	9.09
Total deaths	1,659	1,191	1,147	1,170
Death rate	26.83	12.04	11.29	11.22
Natural increase of population	28	2,862	2,890	2,735
Deaths under one year	287	177	171	168
*Infant mortality rate	170.12	43·67	42.36	43·02
*Maternal mortality rate	—	1.23	1.98	2.30
Death Rates :				
Notifiable infectious diseases	6.21	1.75	1.50	1.24
Pulmonary tuberculosis	2.49	1.09	·57	·53
Tuberculosis (other forms)	.26	.06	.10	.13
Enteric fever	1.25	.05	.05	.03
Pneumonia (all forms)	1.97	.52	·73	·52
Bronchitis	1.36	.32	.23	.16
Diphtheria	.02	.01	.02	.03
Malaria	.89	.03	.01	—
Syphilis	.21	.08	.07	.08
Diarrhoea and enteritis	1.91	·35	.30	·35
Influenza	.26	.03	.04	.04
Ankylostomiasis	.15	—	.02	—
Bright's disease and nephritis	2.09	.31	.25	.23
Diseases of the heart and blood vessels ...	2.65	1.80	2.56	2.64
Diseases of the nervous system including cerebral haemorrhage	1.70	1.39	1.34	1.29
Cancer and other malignant diseases ...	.63	.88	.90	.89

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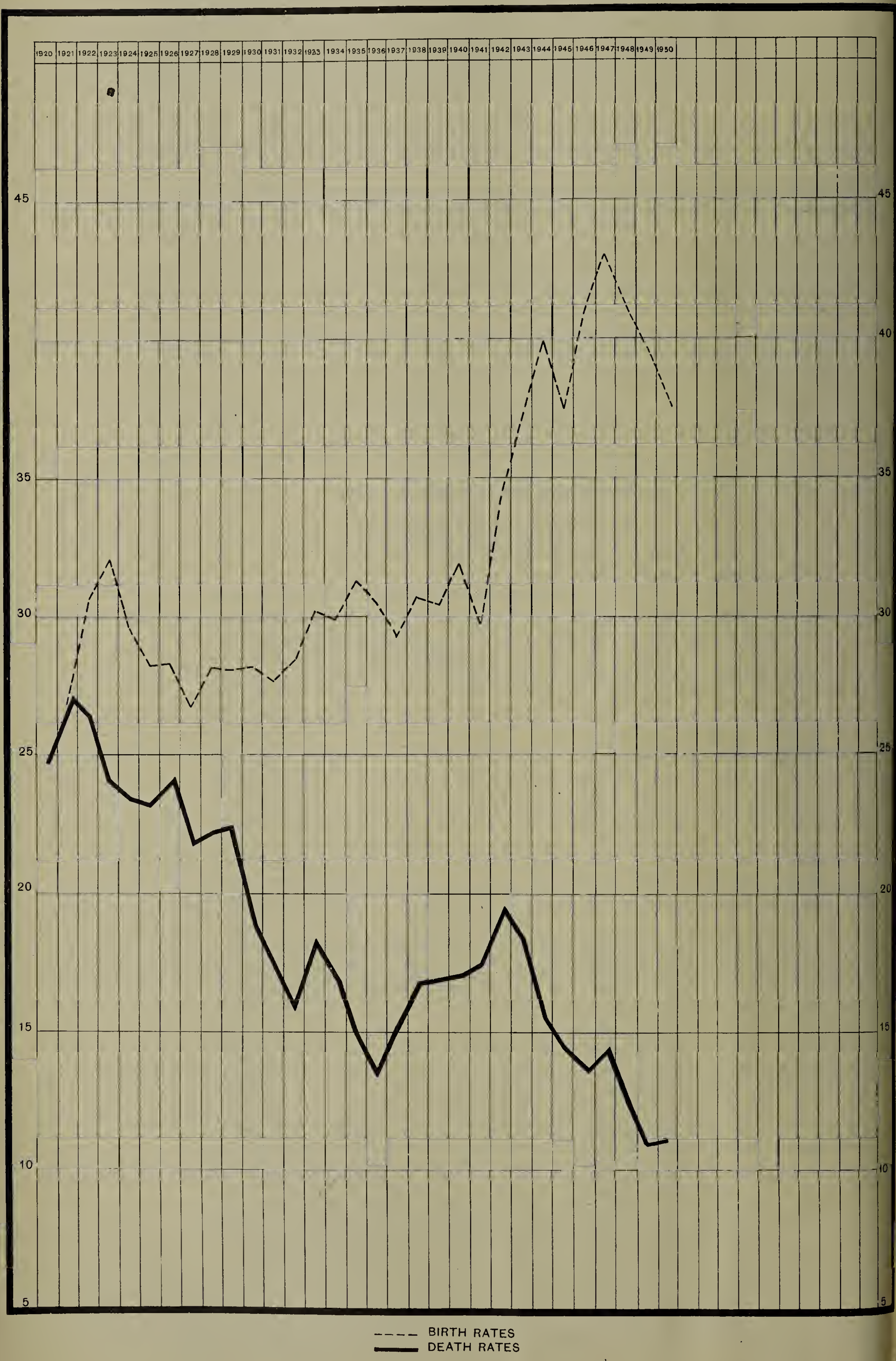
*Per 1,000 births.

Census population of City April, 1946 : 93,198.

Estimated Population of City to 31st December, 1950 : 105,744.

Colony's Mean Population : 627,223.

Chart A
Port of Spain
Birth Rates and Death Rates per 1,000 Population 1920 - 1950



Acreage and Population

The City now covers an acreage of 2,382 + 168 = 2,550 acres, the latter being the reclaimed lands south of Wrightson Road, and those of the King's Wharf and the Dock Site area, the inclusion of which within the City's limits was made absolutely certain by defining the Southern boundary of the City to be "the Sea wherever it is and wherever it is likely to be in the future".

In 1917 the area of the City was 1,793 acres which included the 279 acres of the Queen's Park Savannah; the City has therefore increase 757 acres in 34 years.

The mean population, i.e. the population to the end of June, 1950, was estimated to be 104,311, an increase of 2,747 souls on the figure for 1949, 101,564. This mean population is the figure on which all rates, morbidity as well as mortality, are calculated for the year. This mean population was distributed in the various districts of the City as follows : City Proper 35,889; Woodbrook 13,237; St. James 12,247; St. Clair 1,749; Belmont 18,037; and East Dry River 23,152.

The estimated population of the City to the end of the year 1950 was 103,744, and of the Colony 627,223. The census population of the City worked out as follows : for the year 1921, 61,580; for the year 1930, 70,334; for the year 1946, 93,198.

Births and Birth Rates

The birth rate of 37.45 per 1,000 population was the lowest figure recorded for the past 5 years and the total number of live births 4,037 was the lowest since 1945.

It is too early yet to draw any definite conclusion as to the trend of the birth rate but the fact that it has fallen each year since 1946 is worth noting.

The high birth rate in the West Indies, as a whole, has been held to be responsible in part for some of the economic difficulties with which these islands are faced, and statisticians and some social workers are somewhat inclined to the view that artificial birth control should be taught and practised.

Death and Death Rates

The figure of 11.22 per 1,000 population is the lowest death rate recorded in the annals of the Local Authority since its establishment in 1917, and similarly the infant mortality rate of 43.02 per 1,000 live births is the lowest since figures that are fairly accurate and can in large measure be relied upon have been collected and checked.

This is not an unsatisfactory state of affairs when it is remembered that we are passing through a difficult period in nearly every sense of the word—shortages of foodstuffs and particularly essential foodstuffs; the stress, strain and complexity of modern life; difficulty in getting equipment and supplies especially those that are necessary for the improvement of environmental hygiene and the standard of general sanitation. It is, I think, an indication that the continued efforts of public health workers, teachers, social workers, legislators, &c., &c., are beginning to bear fruit and that the health of the Urban Sanitary District is reaching a higher standard.

Of course, a death rate figure of 11.22 per 1,000 population is high compared with the low figures of 8 or 9 per 1,000 population which are being recorded nowadays in some of the other countries of he world, particularly those in temperate zones, but Port-of-Spain is a tropical City and whilst our im is a death rate of 8 per 1,000, or lower, the difficulties to be overcome must not be under-rated.

Estimation of the death rate in the various sub-districts of the City once again demonstrates the well known finding that the East Dry River, Belmont, and St. James Districts show the highest death ate, with the Belmont District leading them all with a death rate of 11.59 per 1,000, and Woodbrook, he City Proper and St. Clair next, with Woodbrook the lowest of all with a death rate of 8.05 per ,000 population.

I have too often in the past in these annual reports and elsewhere in numerous memoranda to the Local Authority commented on the significance of these findings and have indicated the measures ecessary to effect the much needed improvement, and it is to be hoped that I shall be in a position o record next year that a start has been made in the right direction.

Births 1950				Deaths 1950			
Males	Females	Both Sexes	Birth Rate per 1,000 population	Males	Females	Both Sexes	Death Rate per 1,000 population
2,011	1,894	3,905	37.45	595	575	1,170	11.22

Deaths in Sub-Districts of the City 1950

Sub-District	Mean Population	Deaths Place of Occurrence Home, &c.	Colonial Hospital	Royal Gaol	House of Refuge	Total Deaths in Sub-Districts	Rate per 1,000 population
City Proper	35,889	166	114	12	—	292	8.14
St. Clair	1,749	15	2	—	—	17	9.72
East Dry River	23,152	137	110	—	—	247	10.67
Belmont	18,037	127	82	—	—	209	11.59
Woodbrook	13,237	80	26	—	—	106	8.01
St. James	12,247	89	54	—	156	299	*24.41
Total	104,311	614	388	12	156	1,170	11.22

* *See* Table : " Comparison of Death Rates ".

Comparison of Death Rates 1950

	No. of Deaths	Death Rate per 1,000 population
(1) City (St. James excluded)	871	9.46
(2) City, including St. James	1,170	11.22
(3) City, as in (2), but omitting House of Refuge	1,014	9.78
(4) St. James (House of Refuge excluded)	143	12.32

Age Distribution of Deaths 1950

Period	Males	Females	Both Sexes	Percentage of Total Mortality at All Ages
Under 1 year	89	79	168	14.36
1– 5 years	37	38	75	6.41
6–10 do.	6	3	9	0.77
11–20 do.	15	9	24	2.05
21–30 do.	27	21	48	4.10
31–40 do.	37	37	74	6.32
41–50 do.	71	44	115	9.83
51–60 do.	72	59	131	11.20
Over 60 years	241	285	526	44.96
Total	595	575	1,170	—

Comparison of Deaths at different Age periods, 1928-50

Period	Total Deaths at All Ages	Deaths under 1 Year No.	Percentage of Total Deaths	Deaths 1–5 Years No.	Percentage of Total Deaths	Deaths 56–60 Years No.	Percentage of Total Deaths	Deaths over 60 Years No.	Percentage of Total Deaths
Yearly Averages									
1928-32 ...	1,327	230	17.42	81	6.06	94	7.09	336	25.10
1933-37 ...	1,167	215	18.24	62	5.29	87	7.57	289	24.74
1938-42 ...	1,622	275	16.85	68	4.21	117	7.20	566	34.92
1943 ...	1,862	283	15.20	102	5.48	131	7.04	674	36.20
1944 ...	1,620	248	15.31	77	4.75	106	6.54	598	36.92
1945 ...	1,526	239	15.66	71	4.65	86	5.64	561	36.76
1946 ...	1,396	241	17.26	77	5.52	95	6.81	493	35.32
1947 ...	1,385	231	16.68	49	3.54	92	6.64	536	38.70
1948 ...	1,191	177	14.86	45	3.78	66	5.54	491	41.23
1949 ...	1,147	171	14.91	57	4.97	85	7.41	524	45.68
1950 ...	1,170	168	14.36	75	6·41	76	6.50	526	44.96

Causes of Deaths

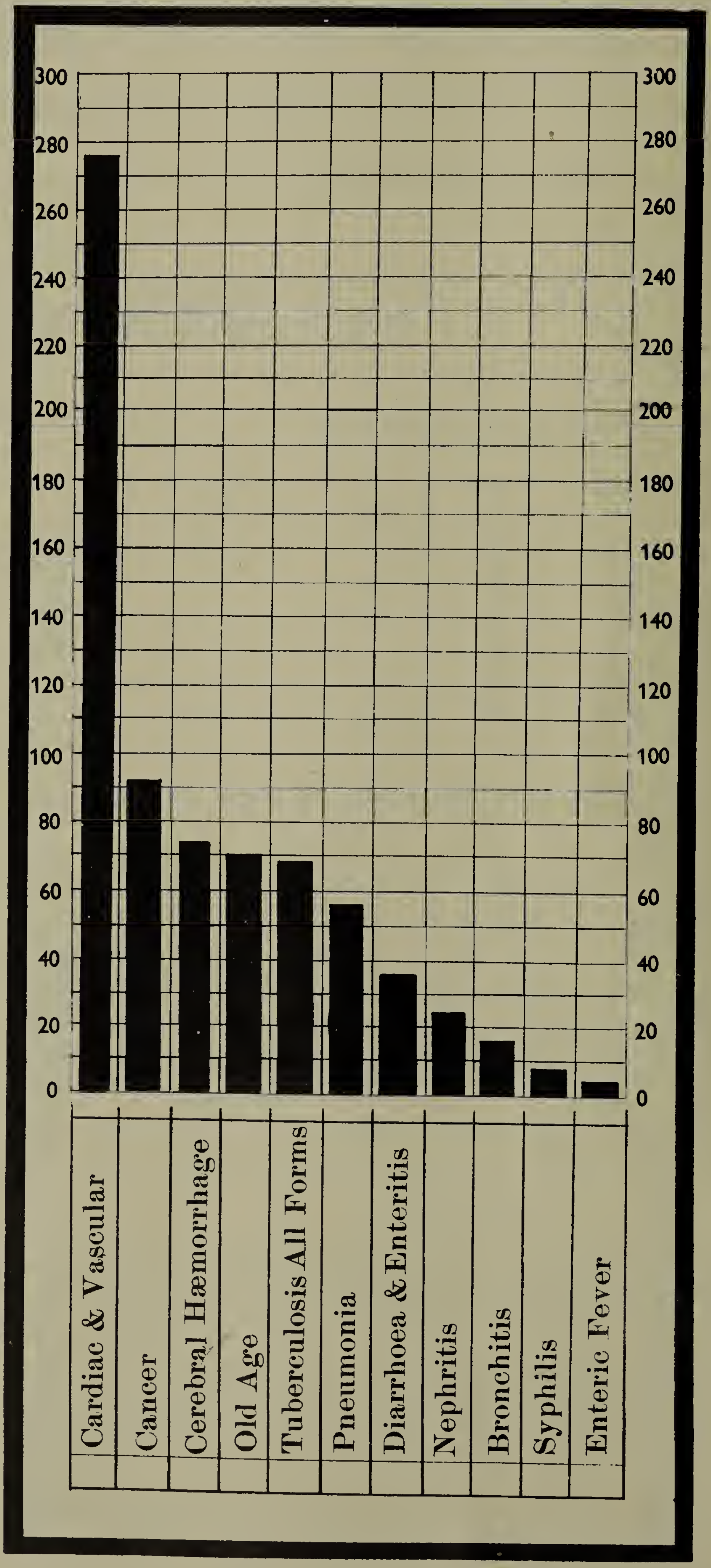
Of the 1,170 deaths which were certified in the year 1950, 281 were caused by cardio vascular and other diseases of the circulatory system, 101 by diseases of early infancy, 93 by cancer and other malignant diseases, 71 by old age, 68 by cerebral haemorrhage, 55 by pulmonary tuberculosis and 54 by pneumonia (all forms).

Notifiable infectious diseases were responsible for 129 deaths, and pride of place under this heading goes to pulmonary tuberculosis, as can confidently be expected. But this latter figure (55) was again lower than the corresponding figure (58) for 1949 though the decline does not appear to be significant.

Diseases of the circulatory system claimed 19 more victims than in the previous year and cerebral haemorrhage 7 more.

Chart B
Port of Spain

Principal Individual CAUSES OF DEATHS-1950



Causes of Deaths—1950

Classification of Deaths from All Causes

I—General Diseases

(*a*) *Notifiable Infectious Diseases*

Enteric Fever	3
Diphtheria	3
Membranous Croup	—
Pulmonary Tuberculosis	55
Tuberculosis (other forms)	14
Pneumonia (all forms)	54
Ophthalmia Neonatorum	—
Plague	—
Cholera	—
Small Pox	—
Typhus Fever	—
Yellow Fever	—
Encephalitis Lethargica	—
Acute Poliomyelitis	—
Acute Ascending Myelitis	—
Cerebro-Spinal Fever	—
Puerperal Fever	—
Anthrax	—
	129

(*b*) *Non-Notifiable Infectious Diseases*

Malaria	—
Whooping Cough	—
Influenza	4
Measles	—
Dysentery	2
Ankylostomiasis	—
Syphilis	8
Other Venereal Diseases	2
Blackwater Fever	—
	16

II—Other Diseases

(*a*) *General Diseases not included above*

Cancer and other Malignant Diseases	93
Pellagra	1
Scurvy Rickets	—
Leprosy	—
Other General Diseases	60
	154

(*b*) *Diseases of the Nervous System and Organs of Special Sense*

Simple Meningitis	3
Cerebral Haemorrhage	68
Apoplexy	6
Convulsions of Children under 5 years	4
Other diseases of the Nervous System	53
	134

(*c*) *Diseases of the Circulatory System*

Cardiac and Vascular Diseases	275
Other Circulatory Diseases	6
	281

(*d*) *Diseases of the Respiratory System*

Bronchitis	17
Other diseases of the Respiratory System	39
	56

(*e*) *Diseases of the Digestive System*

Diarrhoea and Enteritis	37
Cirrhosis of Liver	7
Other diseases of the Digestive System	57
	101

(*f*) *Non-Venereal Diseases of the Genito-Urinary System*

Bright's Disease	—
Nephritis	24
Other Non-Venereal Diseases	35
	59

(*g*) *Diseases of the Puerperal State (other than Puerperal Fevers)*

Puerperal Eclampsia	1
Puerperal Haemorrhage	—
Other Puerperal Diseases	8
	9

(*h*) *Diseases of Early Infancy*	101
(*i*) *Old Age*	71

(*j*) *Affections produced by External Causes*

Burns and Scalds	4
Accidents and Injuries	34
	38

(*k*) *Other Causes of Death*	21
Grand Total	1,170

Infant Mortality

One hundred and sixty-eight deaths of infants under one year and 3,905 live births were recorded during the year under report, giving an infant mortality rate of 43.02 per 1,000 live births.

Whilst fewer deaths were certified than in the previous year fewer live births were at the same time reported, which accounts for the slightly increased figure of 43.02 as compared with 42.36 in 1949.

The infant mortality rate is, of course, a very important figure in vital statistics, and its trend is always closely watched and recorded. For this rate is a fairly sensitive and accurate index of sanitary progress, of health education, and of the general standard of medical care provided by the health services.

Bearing this in mind it can, therefore, be truly stated that great progress has been achieved when it is remembered that the infant mortality rate 33 years ago was 230.77 and that it was only in the five year period 1938-42 that a figure under 100, 93.84 to be exact, was attained. Since then year by year a lower and lower figure has been recorded up to the year under report when, as has been stated previously, there has been a slight but hardly significant rise.

Whilst we are happy to record this not unsatisfactory state of affairs, there can be no room for complacency and all bodies working in this particular field must continue to concentrate their efforts towards the attainment of a rate that can compare favourably with the low rates of 30 or so which are now being reported from many other countries all over the world. This can be done if every mother and child in the Urban Sanitary District can be brought under observation, care and control at the earliest possible moment.

But there still remains a large number of mothers who receive little or no skilled medical care and attention during the period of expectancy and confinement and still too many infants who are neither seen at the Child Welfare Clinics nor are visited at home by health visitor or district nurse.

The fact is, of course, that there is an acute shortage of health visitors and even nurses for district work are not readily available. In view of the fact that there are a fair number of nurses undergoing training as health visitors, and students at the Hospital undergoing training as nurses, it is to be hoped that this deficiency will soon be made up.

Critical analysis of the returns demonstrates again the fact that those causes of infant mortality which can be stated to be operating in the ante-natal period are responsible for nearly as much mortality—67 deaths, as those causes that operate after the infant has been born—76 deaths. Again whilst great progress has undoubtedly been made in reducing the toll of infant mortality between the period one month to one year, very little has been made in the cases of deaths occurring in the neo-natal period i.e., the period between birth and one month, the percentage of the total mortality at this period remaining the same for the past 15 years.

This neo-natal mortality which is the result of causes operating in the ante-natal and particularly in the intra-natal period must be tackled with energy and determination by all concerned if any substantial further reduction of the infant mortality is to take place.

Births and Deaths of Infants under 1 year, 1917-50

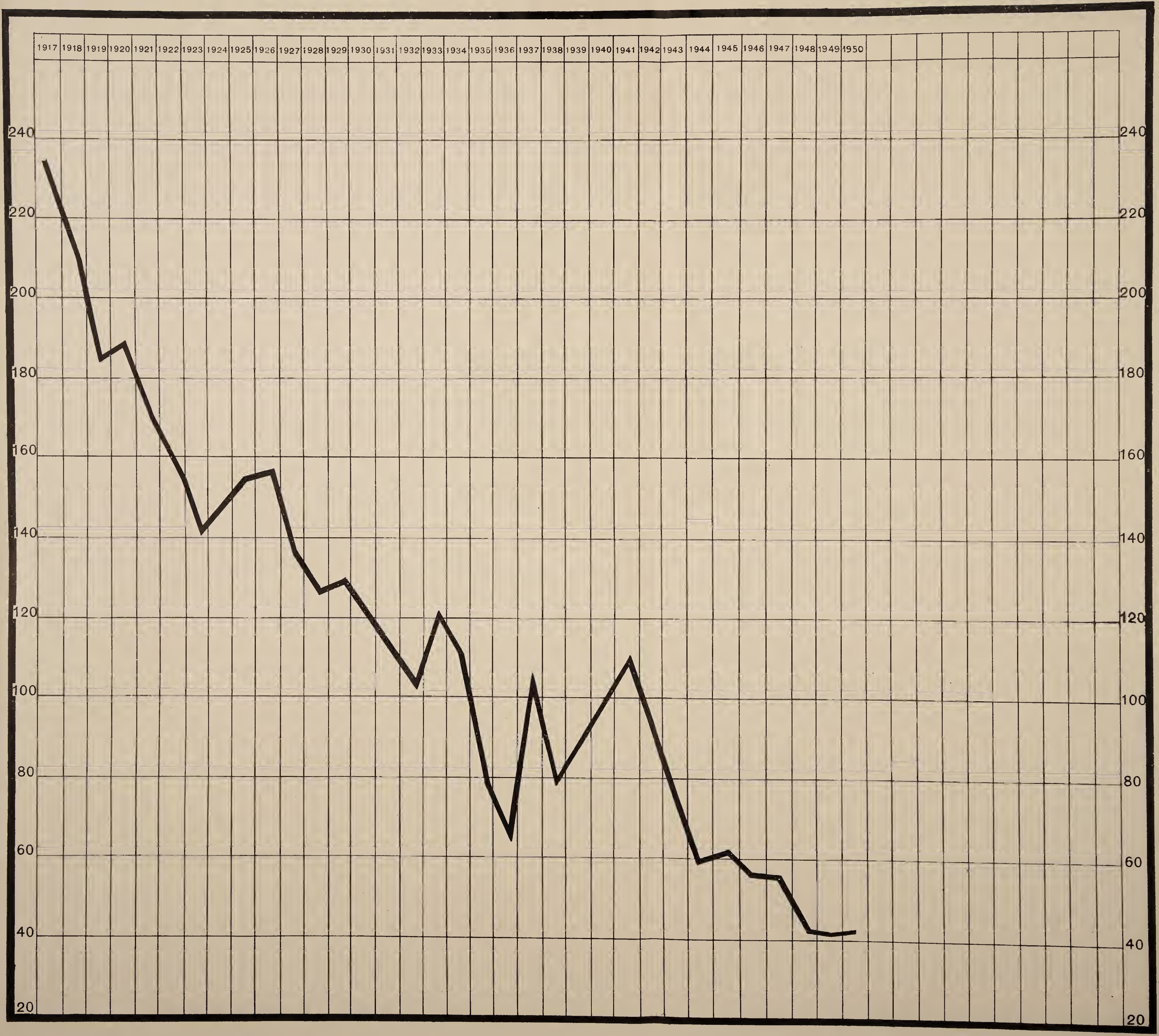
Period	No. of Births	No. of Deaths under 1 year	Infant Mortality Rate
Year 1917	1,770	412	232.77
Yearly Averages :			
1918–22	1,700	310	182.94
1923–27	1,862	274	146.96
1928–32	1,925	230	119.13
1933–37	2,248	215	96.05
Average 1918–37	1,901	288	155.57
Year 1938	2,591	204	78.73
1939	2,752	242	87.94
1940	2,937	291	99.08
1941	2,888	314	108.73
1942	3,399	322	94.73
Average 1938–42	2,913	275	93.84
Year 1943	3,751	283	75.45
1944	4,161	248	59.60
1945	3,972	239	60.17
1946	4,133	241	58.31
1947	4,113	231	56.16
1948	4,053	177	43.67
1949	4,037	171	42.36
1950	3,905	168	43.02

Causes of Deaths under 1 year, 1950

Causes of Deaths	Neo-Natal Deaths under 1 month	Deaths 1 month and under 1 year	Total	Percentage of Total Infant Mortality
Ante-Natal Causes :				
Prematurity	30	1	31	
Congenital Debility	4	—	4	
Marasmus	—	9	9	
Malnutrition	—	3	3	
Congenital Abnormalities	6	4	10	
Congenital Syphilis	—	1	1	
Congenital Heart Disease	6	2	8	
Haemolytic Disease of the New Born	1	—	1	
Total Ante-Natal	47	20	67	39.88
Intra-Natal Causes :				
Asphyxia Neonatorum	8	—	8	
Atelectasis	11	—	11	
Haemorrhage	5	—	5	
Exomphalus	1	—	1	
Total Intra-Natal	25	—	25	14.88
Post-Natal Causes :				
Pneumonia	1	13	14	
Diarrhoea and Enterits	2	25	27	
Bronchitis	—	4	4	
Icterus Neonatorum	2	—	2	
Tuberculosis	1	1	2	
Influenza	—	1	1	
Meningitis	—	2	2	
Diphtheria	—	2	2	
Other Post-Natal Causes	4	18	22	
Total Post-Natal	10	66	76	45.24
GRAND TOTAL	82	86	*168	—

* M. 89 F. 79

Chart C
Port of Spain
Infant Mortality Rates-per 1,000 Live Births 1917-1950



Duration of Life of Infants dying under one year of Age, 1950

Duration of Life	No. of Infants	Percentage of total deaths under 1 year	Corresponding percentage 1949
Under 1 day	26	15.48	16.96
1 day and under 2 weeks	53	31.55	27.49
2 weeks and under 1 month	3	1.79	3.51
Total under 1 month ...	82	48.82	47.96
1 month to 3 months	22	13.09	13.45
Over 3 to 5 months	16	9.52	8.77
Over 5 to 7 months	15	8.93	13.45
Over 7 to 9 months	21	12.50	9.94
Over 9 to 11 months	12	7.14	6.43
Over 11 and under 1 year	—	—	—
TOTAL	168	—	—

Neo-Natal Mortality (Deaths under 1 month) 1930-1950

Period	No. of Deaths under 1 month	Percentage of total deaths under 1 year	Neo-Natal Mortality Rate per 1,000 Births
Yearly Average : 1930–34	90.6	38.60	44.03
Year 1935	91	50.28	39.24
1936	61	40.94	26.58
1937	110	46.41	48.39
1938	117	57.35	45.16
1939	122	50.41	44.33
Average 1935–39	100.2	49.08	40.74
Year 1940	132	45.36	44.94
1941	137	43.63	47.44
1942	134	41.62	39.42
1943	134	47.35	35.72
1944	117	47.18	28.12
1945	126	52.72	31.72
1946	136	56.43	32.91
1947	133	57.58	32.20
1948	76	42.94	18.75
1949	82	47.96	20.31
1950	82	48.82	21.00

Still Births

It has been the custom in the past to treat the number of still births reported to the Public Health Department in a somewhat casual way but this attitude must undergo a radical change in view of the great importance and significance attaching to the still birth rate.

For it cannot be denied that the still birth rate is intimately bound up with the infant mortality rate especially that portion of this rate which reflects the deaths of infants occurring in the first month of post-natal life, the neo-natal mortality rate. They are both attributable to the same causes and these causes operate during the ante-natal and the intra-natal period, in one case the infant dies either before confinement or during confinement, being born dead; in the other case the infant is so enfeebled that it cannot survive beyond the first month of extra uterine life.

The figure of 165 still births during the year 1950, which gives a still birth rate of 42.25 per 1,000 live births is the lowest recorded for 13 years and is a welcome decline from the high figure of 244 still births giving a still birth rate of 60.44 recorded in the previous year 1949.

Whether this decline will continue is a matter for speculation but certain it is that no permanent reduction in the still birth rate will be achieved unless the opportunities for ante-natal care, and for prompt and skilled midwifery service during confinement are more readily available and are made use of by one and all.

Still Births 1950

Year	Total Still Births	Rate per 1,000 Live Births
1950	165	42.25
1949	244	60.44
1948	223	55.02
1947	220	53.49
1946	225	54.44
1945	224	56.39
1944	265	63.69
1943	230	61.32
1942	257	75.61
1941	211	73.06
1940	214	72.86
1939	190	69.04
1938	171	66.00

The Pre-School Child

This is a period of great importance to the future man or woman, because disease or injury affecting the child at this period of life, if not subjected to proper and efficient treatment and particularly, if preventive measures are not adopted, may do irreparable damage and affect the whole future of the child.

Fortunately some recognition of this important fact is beginning to be achieved and Government and voluntary agencies are devoting some care and attention to the pre-school child. Nurseries and nursery schools are being established in greater numbers where children between the ages of 2 and 5 can be attended to, given additional nutrition, and placed, if necessary, under medical supervision and where they can be left during the day if their mothers have to go to work to earn their livelihood.

This is a welcome sign and extension of this service is an urgent necessity.

Causes of Death at Ages 1-5—1950

Groups	Group Total	Percentage of Total Mortality at ages 1–5
Diseases, &c., attributable to Ante-Natal Causes : Congenital Heart 2, Malnutrition 3, Marasmus 8	13	17.33
Communicable Diseases : Pneumonia 21, Tuberculosis 14, Dysentery 1	36	48.00
Diseases of the Nervous System : Cerebral Haemorrhage 1, Cerebral Tumour 1, Convulsions 1, Encephalitis 1, Meningitis 1	5	6.67
Diseases of the Respiratory System : Bronchitis 3, Pulmonary Congestion 1	4	5.33
Diseases of the Digestive System : Colitis 1, Diarrhoea and Enteritis 6, Intussusception 1, Intestinal Obstruction 2, Malignant Disease of Liver 1	11	14.67
Other Causes : Anaemia 1, Burns 1, Cellulitis of Scalp 1, Nephritis 2, Sarcoma of Urachus 1	6	8.00
	*75	—

* M. 37 F. 38.

Maternal Mortality

Nine deaths of mothers attributable to accidents and diseases of pregnancy and confinement were certified during the year under report due mainly to "other causes", which included eclampsia, abortion, ruptured uterus and toxaemia of pregnancy.

No deaths were certified to puerperal sepsis, haemorrhage or pernicious vomiting of pregnancy.

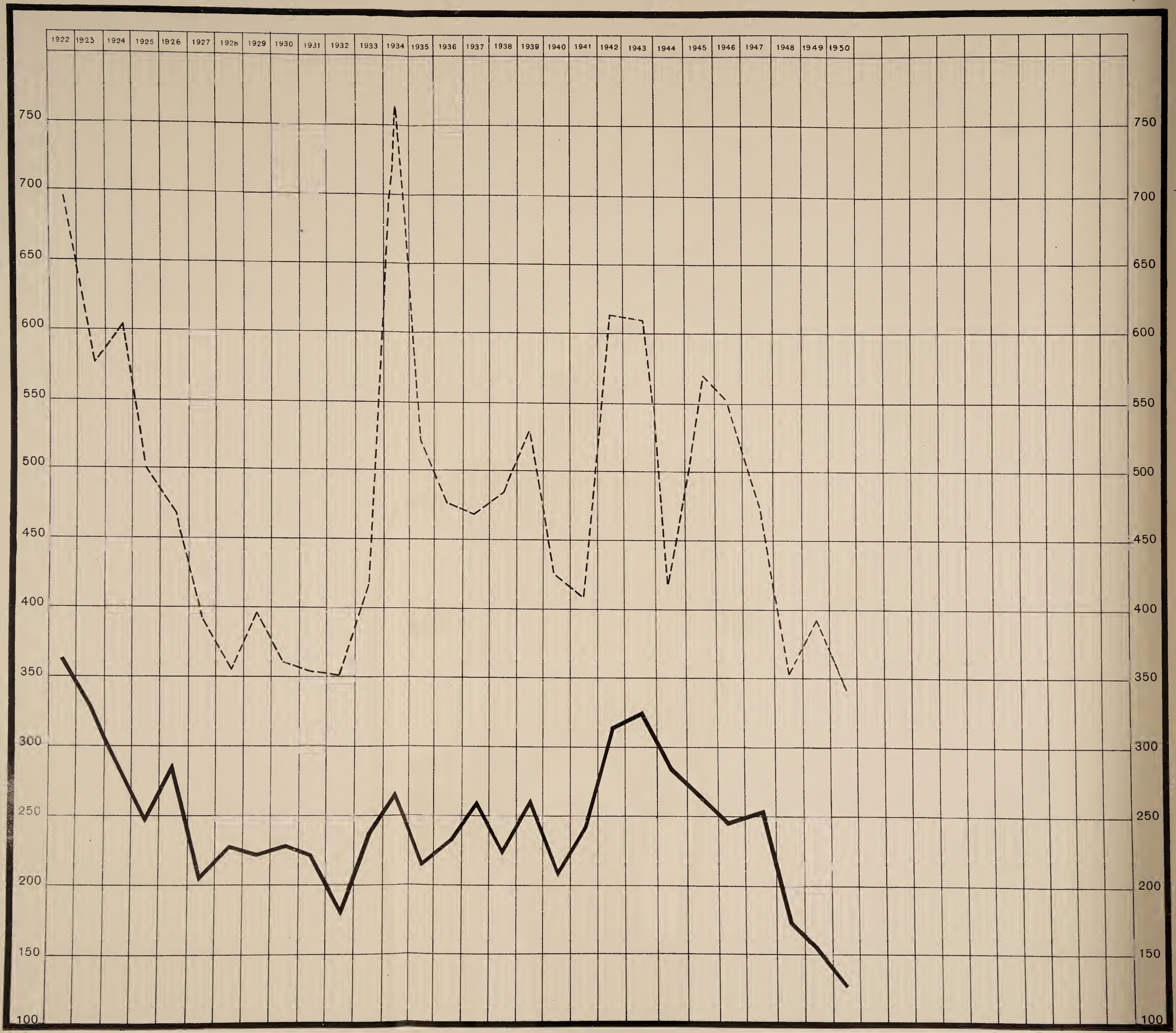
This rate 2.30 per 1,000 live births is higher than the corresponding rate for 1949 and 1948, 1.98 and 1.23, respectively. Here again it is a question of getting the expectant mother under early and adequate ante-natal care and being in a position to supply and make use of prompt and skilled obstectric care.

Causes of Maternal Deaths, 1950

Causes of Maternal Deaths	Under 16	16 to 25	26 to 35	36 and upwards	Total All Ages	Rate per 1,000 Births	
						1950	Average 1945–49
Puerperal Sepsis	—	—	—	—	—	—	0.34
Eclampsia	—	1	—	—	1	0.26	0.29
Haemorrhage	—	—	—	—	—	—	0.45
Pernicious Vomiting ...	—	—	—	—	—	—	—
*Other Causes	—	1	6	1	8	2.05	1.13
Total	—	2	6	1	9	2.30	2.21

* " Other Causes " include Abortion, Ruptured Uterus, Toxaemia of Pregnancy.

Chart D
Port of Spain
Infectious Diseases – Notifications and Deaths 1922–1950



---- NOTIFICATIONS
▬ DEATHS

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Infectious Diseases

The position with regard to the notifiable infectious diseases during the year 1950 is that a not unsatisfactory state of affairs was revealed. A welcome decline in both notifications and in deaths has taken place and if there is any doubt as to whether this is a "true bill" or not, judging from the notifications, which are wont to contain an element of error, there can be no doubt judging from the number of deaths from these diseases which were recorded. All deaths must, of course, be reported and no burial can take place without a death certificate; there can, therefore, be no error arising from "failure to report." If error there is in the death returns, it can only be due to wrong diagnosis.

As has been the case during the past twenty-five years the infectious disease that is most prevalent and is claiming the largest number of victims is Pulmonary Tuberculosis, but one significant change has apparently taken place in that only 127 cases of Pulmonary Tuberculosis were notified during the year 1950 and 55 deaths recorded.

This compares favourably with the year before when 189 cases were notified and 58 deaths certified and very favourably with the average for the 5-year period 1945-49, 192 cases and 128.2 deaths. The possible significance of this decline will be discussed later on in this report under the heading "Pulmonary Tuberculosis".

By way of contrast deaths from non-Pulmonary Tuberculosis were high as 14, the highest for the past 12 years.

The next most important infectious disease was Pneumonia (all forms), of which 64 cases were notified and 54 deaths certified and here it may be stated with certainty that failure to notify has been responsible for the small number of notifications received compared with the deaths certified seeing that the case mortality works out at 84 per cent.—an impossible figure.

Chicken Pox was responsible for 96 notifications and no deaths, Diphtheria 37 notifications and 3 deaths, Enteric Fever 14 notifications and 3 deaths, these latter being most satisfactory and encouraging figures as compared with the figures for previous years.

Analysis of the figures detailing the distribution of cases and deaths from notifiable infectious diseases shows once more that the East Dry River District furnished the highest number of notifications, 107, of all sub-districts of the City and of these cases diseases of the chest, Pulmonary Tuberculosis 48, and Pneumonia 28, were far and away the most frequently notified.

That this is a constant finding in the returns from year to year is not surprising in view of the well known state of environmental hygiene obtaining in that District.

Infectious Diseases—Notifications and Deaths—1940 to 1950

INFECTIOUS DISEASES	NOTIFICATIONS				DEATHS			
	Average 1940–44	Average 1945–49	1949	1950	Average 1940–44	Average 1945–49	1949	1950
Diphtheria	28.8	17.0	11	37	2.8	2.4	2	3
Enteric Fever	46.6	47.6	36	14	11.6	7.0	5	3
Pulmonary Tuberculosis ...	158.6	192.0	189	127	136.8	128.2	58	55
Tuberculosis (Other forms) ...	9.8	10.6	9	5	8.6	10.8	10	14
Pneumonia (All forms)	179.8	83.0	73	64	109.8	65.8	74	54
Ophthalmia Neonatorum ...	18.4	8.0	9	1	—	—	—	—
Chicken Pox	34.8	96.6	57	96	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	0.6	0.6	1	—
Acute Ant. Poliomyelitis ...	8.2	1.8	4	—	1.6	0.6	—	—
Puerperal Fever	9.2	7.4	1	—	2.8	1.4	1	—
Cerebro-Spinal Fever	0.4	1.6	1	—	0.2	1.0	1	—
TOTAL	494.6	465.6	390	344	274.8	217.8	152	129
Rate per 1,000 population ...	4.99	4.61	3.84	3.30	2.77	2.16	1.50	1.24

Distribution of Cases and Deaths from Notifiable Infectious Diseases 1950

DISEASES	CITY PROPER		ST. CLAIR		EAST DRY RIVER		BELMONT		WOODBROOK		ST. JAMES	
	Cases noti-fied	Deaths	Cases noti-fied	Deaths	Cases noti fied	Deaths	Cases noti-fied	Deaths	Cases noti-fied	Deaths	Cases noti-fied	Deaths
Diphtheria	14	1	—	—	9	1	8	1	2	—	4	—
Enteric Fever	2	2	—	—	4	—	3	—	—	—	5	1
Pulmonary Tuberculosis ...	42	15	—	—	42	14	18	12	7	1	18	13
Tuberculosis (Other forms)...	3	3	—	—	1	2	1	2	—	—	—	7
Pneumonia (All forms) ...	9	5	—	—	28	16	11	16	4	5	12	12
Ophthalmia Neonatorum ...	1	—	—	—	—	—	—	—	—	—	-	—
Chicken Pox	28	—	—	—	23	—	26	—	6	—	13	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Ant. Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	99	26	—	—	107	33	67	31	19	6	52	33
Rate per 1,000 population in each Sub-district ...	2.76	0.72	—	—	4.62	1.42	3.71	1.72	1.44	0.45	4.25	2.69

Notifiable Infectious Diseases—Home and Hospital Deaths 1950

DISEASES	DEATHS			Hospital Deaths per cent. of Total Deaths	Corresponding percentage for the year 1949
	At Home	At Hospital	Total		
Diphtheria	1	2	3	66.66	100.00
Enteric Fever	1	2	3	66.66	80.00
Pulmonary Tuberculosis	40	15	55	27.27	24.14
Tuberculosis (Other forms)	3	11	14	78.57	90.00
Pneumonia (All forms)	31	23	54	42.59	44.59
Puerperal Fever	—	—	—	—	100.00
Cerebro-Spinal Fever	—	—	—	—	100.00
Acute Poliomyelitis	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—
TOTAL	76	53	129	41.09	42.09

TUBERCULOSIS

Pulmonary Tuberculosis

The progress in the care, control, and treatment of this disease to which I made reference in my last annual report continued during the year 1950 and the Caura Sanatorium has now, I am told, the full complement of beds available, and occupied.

The Chest Clinic at the U.S.O. Building in Wrightson Road continues to function daily and more and more cases and contacts are making use of the facilities of examination and diagnosis which have been provided.

The Masson Hospital in Long Circular Road, St. James, continues to have its beds fully occupied.

This is a great step forward when one considers what was the existing state of affairs before 1946 when the Tuberculosis Division of Government was established.

The same progress, however, cannot be recorded in the measures directed to the prevention of the disease. Overcrowding and congestion continue to be the cause of great concern to the Public Health Department; the acute shortage of housing accommodation continues; foodstuffs, particularly basic essential foodstuffs are not always readily available at prices within the pockets of the poorer classes; and slum clearance which took such a satisfactory step forward is now at a standstill due to lack of funds, and areas which once were reasonably free from congestion are now becoming greatly overcrowded.

In these circumstances it is obvious that much of the benefit derived from the progress made in diagnosis and treatment is likely to be thrown away as cases have, perforce, to return to their homes in these unsanitary areas and relapses are bound to occur.

The Association for the prevention of Tuberculosis continued to function during 1950 but due to lack of funds, care and rehabilitation on a limited scale only could be undertaken. It is becoming increasingly clear that to look after cases and contacts properly and to train arrested cases in occupations that are within their capacity and to provide them with work from which they will be able to gain a part of their livelihood, is going to be a very expensive undertaking.

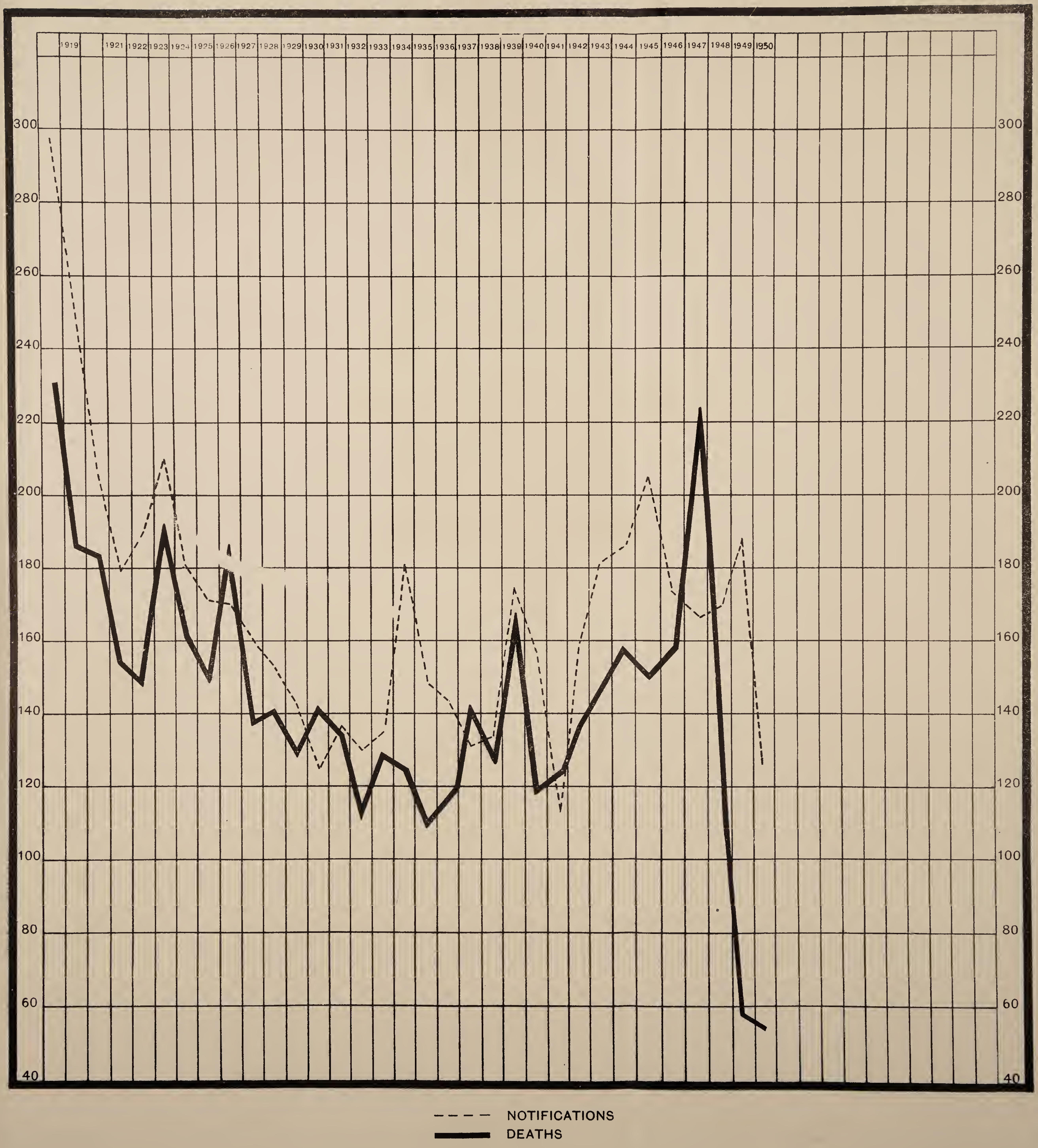
More and more funds are needed and more and more voluntary workers are an urgent necessity. Fortunately at the moment I write a concentrated drive by the Association directed to the awakening of the public to the dangers of Tuberculosis and to enlist their help, financial and otherwise, for the care and rehabilitation of those afflicted with the disease, is likely to be productive of great benefit in this much needed direction.

One hundred and twenty-seven cases of Pulmonary Tuberculosis were notified and 55 deaths certified in the year under report, the lowest number of notifications since 1941 when 113 cases were notified, and the lowest number of deaths since 1917 when the Local Authority came into being.

It is too early yet to express any opinion as to the significance of these low figures; much more evidence is necessary before any conclusion can be arrived at and a careful watch will be kept on the figures for the next few years.

Chart E
Port of Spain

Pulmonary Tuberculosis — Notifications and Deaths 1918-1950



Pulmonary Tuberculosis—Notifications and Deaths, 1918-50

Period	Notifications	Deaths	Death Rate per 1,000 population
Year 1918	299	233	3.43
Yearly Averages :			
1919–23	207	173.2	2.65
1924–28	167.6	154.6	2.38
1929–33	133.6	129	1.85
1934–38	147.4	124.6	1.62
Average 1919–38	163.9	145.4	2.13
Year 1939	175	167	1.85
1940	155	118	1.28
1941	113	124	1.27
1942	157	136	1.37
1943	182	148	1.45
1944	186	158	1.52
1945	206	150	1.41
1946	173	158	1.57
1947	222	167	1.74
1948	170	108	1.09
1949	189	58	0.57
1950	127	5	0.53

Non-Pulmonary Tuberculosis

This is a form of Tuberculosis that is often discovered at post mortem examination and hence it arises that more deaths are generally recorded than notifications received, though in the forms usually encountered i.e., tuberculosis of the meninges, tuberculosis of the peritoneum, and miliary tuberculosis, the disease is usually one hundred per cent. fatal.

There is reason to believe that the incidence of tuberculosis in bovines is rising and, as a result, if allowed to proceed unchecked, non-pulmonary tuberculosis which is in the large majority of cases due to the bovine type of tubercle bacillus is likely to show a greater incidence and a higher mortality. It is stated that even goats are beginning to react positively to the tuberculin test and the Regulations have now been amended to bring them within the scope of the "tuberculin test", applicable to cattle, before being allowed to produce milk for human consumption.

Non-Pulmonary Tuberculosis—Forms, Notifications and Deaths, 1950

Forms	Notifications	Deaths
Miliary Tuberculosis	—	4
Tuberculosis of Glands in neck	1	—
Do. Meninges	3	7
Do. Peritoneum	—	2
Do. Spine	—	1
Do. Pleura	1	—
Total	5	14

Deaths from Non-Pulmonary Tuberculosis 1924-50

Period	Deaths	Rate per 1,000 population
Yearly Averages :		
1924–28	15	0.23
1929–33	15.2	0.22
1934–38	10	0.13
Average 1924–38	13.4	0.19
Year 1939	15	0.17
1940	14	0.15
1941	6	0.06
1942	4	0.04
1943	9	0.09
1944	10	0.10
1945	13	0.12
1946	14	0.14
1947	11	0.11
1948	6	0.06
1949	10	0.10
1950	14	0.13

ENTERIC FEVER

Just as the incidence of pulmonary tuberculosis is usually held to be a very sensitive index of the state of congestion and overcrowding of a sanitary district, so enteric or typhoid fever is at the same time a very sensitive index of the efficacy of sewage disposal in that district. For there can be no doubt that, if the infected faecal matter of the sick can find no means whereby it can enter the body of a well person and reproduce the disease it gives rise to, enteric fever must then inevitably come to an end.

In other words if the faeces of a case of typhoid fever can be thoroughly disinfected and immediately disposed of, preferably by means of a water borne sewerage system, the germs of this fever will find no opportunity to multiply.

Even so there must needs be a vector and it is against the vector that our efforts are mainly directed. Of all vectors in the Urban Sanitary District it can be said that the one most commonly met with and most likely to convey the infection is food, particularly food of the green vegetable type like water cress, lettuce, cabbage, tomatoes and fruit which are usually consumed without cooking.

Water cannot under existing circumstances be incriminated as a vector. In the days before chlorination of our water supply, i.e., before 1924, water was certainly a vector and hundreds of cases used to occur, but since that year the numbers have gone down considerably, and seeing that a small amount of residual chlorine is always maintained even in the distribution system to deal with any possible accidental contamination, it is not surprising that this should be so. It can be stated with almost certain truth that the enteric cases which are occurring in the City nowadays are due to foodstuffs contaminated with infected faecal matter, to occasional contact cases arising from neglect to consult a doctor, or to report a case, and to carriers of the disease who are careless in their habits and who are occupied as food handlers.

Very few contact cases are met with, as even in the poorer areas where there is overcrowding of people under barrack conditions a person suffering from fever usually has the benefit of medical care and attention and this Department makes sure that such a case is always removed to Hospital.

Carriers as far as we know have been responsible for few cases,—I can remember only one carrier, a milkman, being responsible for conveying infection to three cases within the limits of the City—and this is very likely due to the fact that great care is taken in Hospital to see that the person convalescing from typhoid fever is not given his discharge whilst still passing typhoid bacilli in his faeces or urine. The usual practice is for 3 consecutive tests of urine and faeces to show negative results before the patient is permitted to go home.

We are, therefore, left with contaminated foodstuffs and this is where we ought to concentrate our efforts if a further reduction in the number of cases of typhoid fever in the Urban Sanitary District is to be achieved.

This coupled with the installation of a water borne sewerage system in the still unsewered parts of the City and particularly in the East Dry River and Belmont Districts, gives us our greatest hope that the day when typhoid fever will be only a name on the lips of residents may not be too far distant.

1950 was a particularly good year in so far as notifications and deaths from typhoid fever were concerned, only 14 of the former and 3 of the latter being recorded in the Department. This represents the lowest number of cases notified and deaths certified since 1917 when the Local Authority came into being, as a study of the table hereunder listed will show. As a matter of fact there has been a consistent lowering of the death rate from this disease during the past five years, and though the figures have not yet been critically analysed from a statistical point of view I believe that they are significant.

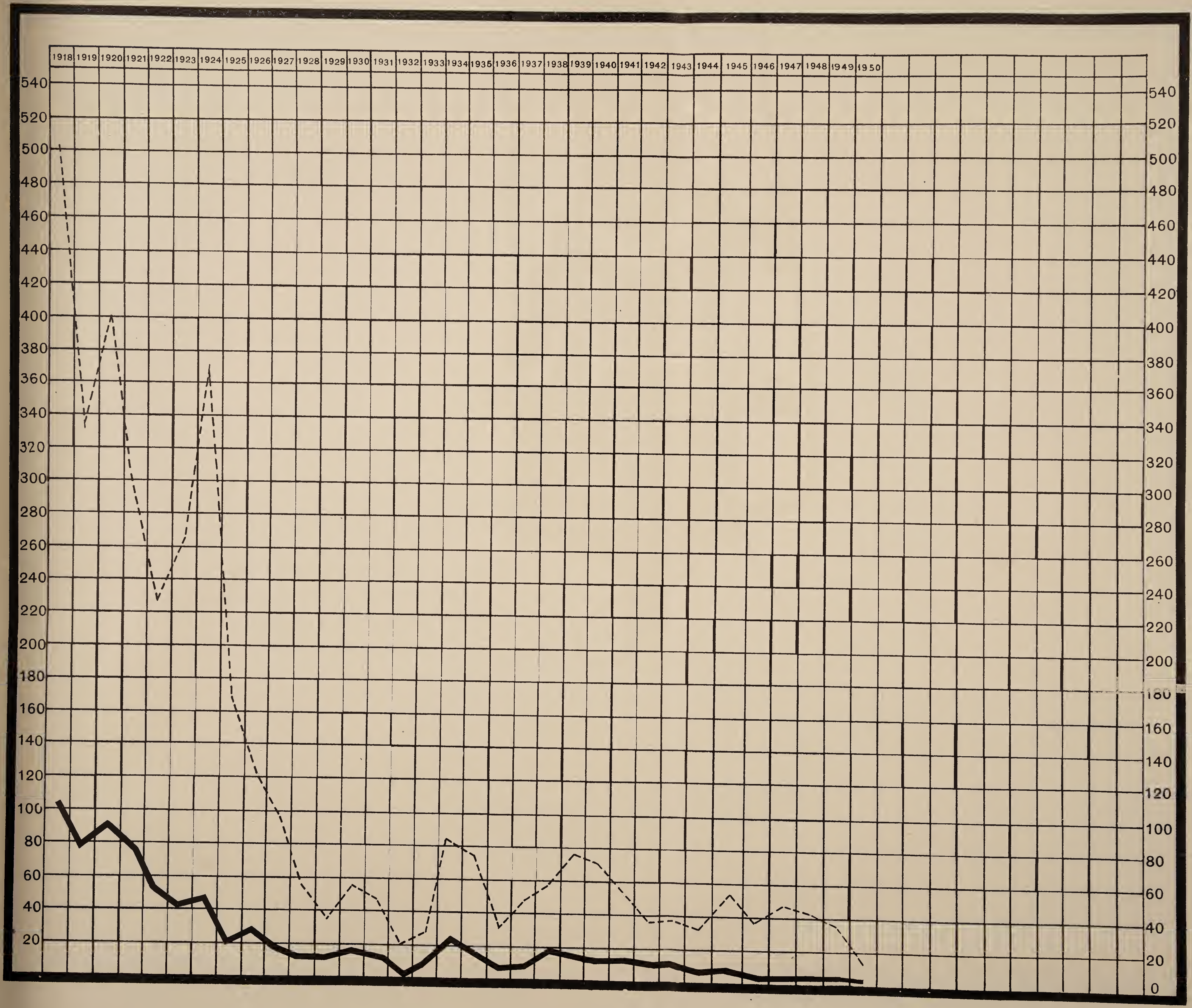
ENTERIC FEVER

Notifications and Deaths, 1918-50

Period	Notifications	Deaths	Death Rate per 1,000 population
Year 1918	495	104	1.52
Yearly Averages :			
1919–23	301.8	67.8	1.03
1924–28	162.4	25.2	0.39
1929–33	37	10.8	0.16
1934–38	59.8	14.6	0.19
Average 1919-38	140.3	29.6	0.44
Year 1939	75	15	0.17
1940	70	11	0.12
1941	56	14	0.14
1942	37	12	0.12
1943	38	12	0.12
1944	32	9	0.09
1945	55	10	0.09
1946	37	8	0.08
1947	68	7	0.07
1948	42	5	0.05
1949	36	5	0.05
1950	14	3	0.03

Chart F
Port of Spain

Enteric Fever—Notifications and Deaths 1918-1950



- - - - NOTIFICATIONS
▬▬ DEATHS

Inoculation of Enteric Fever Contacts, 1950

T.A.B. Injections

Year	Number Receiving one Injection	Number Receiving two Injections	Total
1947	250	222	472
1948	85	61	146
1949	101	44	145
1950	64	32	96

PNEUMONIA

Pneumonia, broncho and lobar, is one of the notifiable infectious diseases but it cannot be said to be a disease that practitioners always notify. As a matter of fact it is obvious from the figures in the table hereunder listed that during the past five years fewer and fewer notifications are reaching the Public Health Department.

The explanation is very likely to be found in the fact that excellent results are now being obtained in the treatment of pneumonia with the exhibition of penicillin and the sulpha drugs and, in the case of the unusual types of pneumonia, with the use of some of the other antibiotics. General practitioners can treat cases successfully at home even in some of the most congested and overcrowded premises and in the most insanitary surroundings. There is, therefore, very little need for removal to Hospital and the Public Health Department is not notified nowadays of cases of pneumonia to any great extent, seeing that the number of deaths are nearly always practically the same as the number of notifications. With the great improvement in the treatment of these diseases which has come about, there has been a great reduction of mortality which in any case never exceeded 30 per cent. and so it is clear that large numbers of cases are not being notified to the Department. It is important, however, that practitioners bear in mind the fact that notification of the listed infectious diseases is a duty which has been imposed on them by the Public Health Ordinance so as to give Public Health Authorities an opportunity to limit the spread of disease by the adoption of preventive methods of proven value, and so notification is an important link in the chain of prevention and should always be done.

Pneumonia is often the terminal fatal complication of some other general systemic disease, and very often instead of the main systemic disease being certified as the principal cause of death, pneumonia, the secondary cause, is so certified because the patient is seen *in extremis* and no previous history or examination has led to the discovery of the general disease.

From the public health point of view pneumonia is of importance as it is likely to be followed by tuberculosis in poor debilitated under-nourished people living in congested, insanitary areas; as a matter of fact, tuberculosis often begins as a broncho pneumonia.

Analysis of the returns set out in the table of Distribution of Cases and Deaths from Notifiable Infectious Diseases on page 17, demonstrates the fact that the East Dry River District, the poorest and most congested of our suburbs, furnished the largest number of cases, 28, and the greatest number of deaths, 16. This is a common finding, year in year out and is, of course, bound up with the numerous insanitary features existing in that District.

PNEUMONIA—(All Forms)

Notifications and Deaths, 1922-50

Period	Notifications	Deaths	Death Rate per 1,000 population
Yearly Averages :			
1922–26	111.8	78	1.23
1927–31	69.8	53.4	0.79
1932–36	155.4	80.6	1.10
Average 1922–36	112.3	70.7	1.04
Year 1937	125	85	1.10
1938	101	70	0.83
1939	107	59	0.65
1940	69	63	0.68
1941	138	88	0.90
Average 1937–41	108	73	0.83
Year 1942	332	152	1.53
1943	251	149	1.46
1944	109	97	0.93
1945	118	79	0.74
1946	87	61	0.61
1947	75	64	0.67
1948	62	51	0.52
1949	73	74	0.73
1950	64	54	0.52

DIPHTHERIA

Diphtheria is beginning to pose a bit of a problem to the Public Health Department and it may soon so force itself upon our attention as to necessitate that a widespread immunizing campaign be undertaken in our schools.

It has not up to now given rise to any undue anxiety but parents are getting more and more educated as to the seriousness of the disease and more and more are complying with instructions to bring in contacts of cases to the Public Health Department for active immunization.

The largest number of cases, 37, for the past ten years were notified to the Department in the year under report but only 3 deaths were certified. On the whole the disease remains of the mild type, fatalities occurring only in neglected laryngeal cases which usually arrive at Hospital too late for successful treatment.

All contacts now are requested to visit the Public Health Department and active immunization is undertaken by means of 2 doses of A.P.T. for children and 3 doses of T.A.F. for adults. So far no reaction of any untoward nature has been encountered.

DIPHTHERIA

Notifications and Deaths, 1917-50

Period	Notifications	Deaths	Death Rate per 1,000 population
Yearly Averages :			
1917–21	11.8	1.4	0.02
1922–26	14.8	2	0.03
1927–31	23.8	1.6	0.02
1932–36	29.8	2.2	0.03
Average 1917–36	20	1.8	0.03
Year 1937	30	4	0.05
1938	16	3	0.04
1939	61	2	0.02
1940	37	2	0.02
1941	30	2	0.02
Average 1937–41	34.8	2.6	0.03
Year 1942	18	3	0.03
1943	40	4	0.04
1944	19	3	0.03
1945	20	5	0.05
1946	22	2	0.02
1947	23	2	0.02
1948	9	1	0.01
1949	11	2	0.02
1950	37	3	0.03

CHICKEN POX

There was a mild outbreak of chicken pox during the year 1950, 96 cases being notified, the largest number since 1946 when 196 cases were notified.

Cases are usually of a mild type and as a rule give rise to no great difficulty in diagnosis. Some of these cases are removed to Hospital but by far the larger number are treated at home. Unfortunately when once a case occurs in a household in the eastern section of our City it is the rule for all children and adults who have not had the disease to contract it.

Of the 96 cases notified 28 were from the City Proper, 23 from the East Dry River District, 26 from Belmont, 6 from Woodbrook and 13 from St. James.

Chicken Pox—Notifications, 1924-50

Period	Notifications	Period	Notifications
Yearly Averages :			
1924–28	19.8	Year 1944	33
1929–33	41	1945	122
1934–38	110.4	1946	196
1939–43	42.6	1947	57
		1948	51
		1949	57
		1950	96

OTHER NOTIFIABLE INFECTIOUS DISEASES

No notifications of Acute Anterior Poliomyelitis, of Encephalitis Lethargica, or of Paralytic Rabies were received at the Public Health Department during 1950.

No case of Plague, Cholera, Typhus, Yellow Fever or of Small Pox, either Variola Major or Variola Minor (Alastrim) was reported to the Department during the year under report.

ACUTE ANTERIOR POLIOMYELITIS

Notifications and Deaths, 1927-50

Year	No. of Cases reported	Deaths	Year	No. of Cases reported	Deaths	Year	No. of Cases reported	Deaths
1927–29 ...	—	—	1936 ...	3	—	1941 ...	15	4
1930 ...	5	1	1937 ...	10	1	1942 ...	26	3
1931 ...	—	2	1938 ...	2	—	1943–44 ...	—	—
1932 ...	3	—	1939 ...	1	—	1945 ...	—	1
1933–35 ...	—	—	1940 ...	—	—	1946 ...	1	—
						1947 ...	—	1
						1948 ...	3	2
						1949 ...	4	—
						1950 ...	—	—

NON-NOTIFIABLE INFECTIOUS DISEASES

Though relegated to what is apparently a subsidiary position by the fact that these diseases are non-notifiable, yet, indeed and in fact, they include some of the most infectious diseases that occur in the Urban Sanitary District, and also other diseases which constitute major public health problems. I need only refer to measles, whooping cough, and influenza as examples of the former and syphilis, dysentery, and ankylostomiasis as examples of the latter.

As a matter of fact though the list of notifiable infectious diseases has remained practically fixed for a number of years now, it is liable at any moment to be added to by the inclusion of one or more of the diseases included under the heading "Non-Notifiable Infectious Diseases", the criterion being relative prevalence of the disease and its liability to spread and become a major public health problem. In such circumstances it is a matter of imperative necessity that information as to its relative prevalence and as to how fast and where cases are occurring is available at the earliest possible opportunity in order that such preventive measures as are at our disposal can be applied, and these facts can only be obtained by compulsory notification.

It may be asked what really can be done to check the spread of an infectious disease like measles, whooping cough or influenza? The answer is that a great deal can be achieved by isolation even at home and by current and terminal disinfection.

Under existing circumstances, seeing that only the death returns are available, only a rough and very likely inaccurate estimate can be formed of the relative prevalence of these diseases.

The treatment of these diseases is getting more and more efficient in proportion as opportunities for early diagnosis become more frequent and newer and better drugs make their appearance on the market, and an appreciable reduction in the mortality attributable to these diseases has been effected.

During the year under report, 14 deaths from these diseases were certified to the Public Health Department as compared with 15 in 1949, 16 in 1948, and 29 in 1947.

Of these deaths syphilis was responsible for 8 deaths, influenza 4 and dysentery 2.

Non-Notifiable Infectious Diseases—Home and Hospital Deaths, 1950

Diseases	Deaths			Hospital Deaths per cent. of Total Deaths	Corresponding percentage for the year 1949
	At Home	At Hospital	Total		
Malaria	—	—	—	—	100.00
Whooping Cough	—	—	—	—	—
Influenza	3	1	4	25.00	75.00
Dysentery	—	2	2	100.00	—
Ankylostomiasis	—	—	—	—	—
Syphilis	7	1	8	12.50	71.43
Leprosy	—	—	—	—	100.00
Total	10	4	14	28.57	62.50

MALARIA

I have time and again stated, both in previous annual reports of the Public Health Department and in various memoranda, that malaria is not a public health problem within the limits of the City, and so it continues to be. In fact it is true to say that year by year malaria is becoming less and less a public health problem, due to the splendid efforts of, and successful results achieved by, the Malaria Division of the Health Department of Government.

That does not, of course, mean that mosquitoes are getting less and less prevalent; it does mean, however, that generally anophelene mosquitoes are getting fewer and fewer and particularly malaria carrying anophelene mosquitoes are more and more being eliminated.

Even so it is possible to find in the extreme peripheral areas of the City where these adjoin the once highly malarious districts of Success Village and Cocorite, anophelene mosquitoes of the aquasalis variety due almost certainly to infiltrations from these sources. Whenever and wherever they have been discovered there never has been, so far, any real difficulty in bringing these foci quickly under control by the time honoured measures of oiling, draining, canalising, &c.

But it is obvious that staff trained for and skilled in dealing with these conditions must always be readily available and the measures employed are usually only of a palliative nature and represent a chronic recurring expenditure. Much better results can be achieved and the money involved can be much better spent if works of a permanent nature were to be undertaken, and this is especially applicable to the Cocorite Farm Estate of the City Council and the adjoining swampy areas outside the City where a sum in the vicinity of $10,000 is spent every year by the Malaria Division on measures of a temporary nature only, directed to checking the breeding of mosquitoes.

Both Government and City Council have long been in agreement that a comprehensive scheme for the drainage and reclamation of these lands is necessary and would yield much valuable land for building and other purposes, but so far nothing definite has been decided upon.

Early in 1950, at a Conference at Government House, this important matter was discussed and the technical officers of both Government and City Council were to confer with the Regional Drainage Engineer attached to the Rockefeller Foundation with a view to the preparation of a scheme of drainage and reclamation at reasonable cost. Meetings with the Regional Drainage Engineer of the Rockefeller Foundation actually took place both in the Public Health Department and in the Temporary Town Hall, but so far no report has yet reached us.

In the meantime the general routine work of oiling, canalising, &c., both by the Malaria Division of Government and by the Anti-Mosquito Unit of the Public Health Department continues, as continue it must, but the amount of money that is being spent yearly could very well be used in executing a permanent scheme if only in a piece-meal fashion from year to year.

During the year under report, no deaths attributable to malaria were certified to the Public Health Department and as far as we know no case of malaria has occurred within the limits of the Urban Sanitary District.

Malaria—Local Distribution of Deaths, 1950

Sub-districts	Deaths
City Proper	—
St. Clair	—
East Dry River	—
Belmont	—
Woodbrook	—
St. James	—
Total	—

SYPHILIS

Syphilis is a disease which is of particular interest and concern to the Public Health Department in that it is responsible for a large percentage of the mortality attributable to the diseases of the Heart and Circulatory System which is the chief cause of death in the Urban Sanitary District, and because it plays an important part in Infant Mortality particularly that portion attributable to ante-natal causes and manifested by such signs as hydrocephalus, retardation of growth, congenital mental idiocy, congenital mental retardation, &c.

In so far as the primary disease is concerned, thanks to the splendid organisation and the efficient work of the Venereal Disease Division of the Health Department of Government, syphilis in its early and communicable stage is rarely seen nowadays, only an occasional case being discovered in the course of the routine examination of food handlers, and thanks also to the health education campaign which has been undertaken both by Government and the City Council, more and more people are resorting to the Venereal Diseases Clinic not only for treatment of the disease which they may have unfortunately acquired but for a "check up" for fear that they may have the disease without being aware of it.

Sufficient experience has not yet been acquired to enable definite opinions to be expressed as to the efficacy of the "intensive short term" treatment of syphilis by penicillin but so far the results are very promising. It remains to be seen whether the affections of the nervous system which are being met with so frequently nowadays compared with twenty years ago, and which are undoubtedly due to inadequate and inefficient treatment by the older methods will diminish and ultimately disappear with these newer methods of attack.

Eight deaths from syphilis, i.e., in which syphilis was given as the principal cause of death in the returns sent to the Public Health Department, were certified during the year under report as compared with 7 in the year before (1949) and 8 in 1948.

As a matter of fact there has been a satisfactory and encouraging decline in the mortality resulting from this disease since 1947 when 21 deaths were recorded and the death rate was .22 per 1,000 population, a position undoubtedly due to the effort and drive of the Venereal Disease Division.

Deaths from Syphilis—1918-50

Period	Deaths	Rate per 1,000 population
Yearly Averages :		
1918–22	16.2	0.24
1923–27	56.8	0.88
1928–32	28.2	0.41
1933–37	21.8	0.29
Average 1918–37	24.6	0.37
Yearly Average 1938–42	24.6	0.27
1943	29	0.28
1944	36	0.35
1945	22	0.21
1946	20	0.20
1947	21	0.22
1948	8	0.08
1949	7	0.07
1950	8	0.08

DYSENTERY, DIARRHOEA AND ENTERITIS

These three conditions may all be caused by the same disease, which may be of an infectious nature as when they are caused by bacillary or amoebic dysentery or by tuberculosis or may be the terminal manifestation of a chronic disease like cancer of bowels or cirrhosis of the liver or chronic kidney disease.

In the former case they are of particular public health importance as careless handling of infected excreta may be the means whereby the disease may be transmitted to other people. The same precautions that are necessary in dealing with a case of enteric fever and which include proper disposal of sewage and proper protection of food supply from contamination are absolutely necessary if the disease is to be kept in check.

The Diarrhoea and Enteritis of infants and young children represent a special disease which is very likely due to the toxins of food poisoning organisms and which is conveyed almost exclusively by contaminated milk, but many of the deaths certified to diarrhoea and enteritis are really due to other and often obscure causes.

During 1950 there were in the City 2 deaths due to Dysentery and 37 deaths due to Diarrhoea and Enteritis. Eighteen of these latter deaths were in persons resident in the East Dry River District.

Deaths from the Dysenteries—1918-50

Period	Deaths	Death Rates
Year 1918	43	0.63
Yearly Averages :		
1919–23	38.2	0.58
1924–28	32	0.49
1929–33	14.8	0.21
1934–38	5.4	0.07
Average 1919–38	22.6	0.34
Year :		
1939	2	0.02
1940	9	0.10
1941	11	0.11
1942	9	0.09
1943	6	0.06
1944	3	0.03
1945	5	0.05
1946	5	0.05
1947	1	0.01
1948	1	0.01
1949	1	0.01
1950	2	0.02

Deaths from Diarrhoea and Enteritis, 1918-50

Period	Deaths	Death Rates
Year 1918	193	2.84
Yearly Averages :		
1919–23	143.6	2.18
1924–28	72.8	1.12
1929–33	52.8	0.76
1934–38	40	0.52
Average 1918–38	77.3	1.15
Year :		
1939	45	0.50
1940	73	0.79
1941	104	1.07
1942	83	0.84
1943	87	0.85
1944	57	0.55
1945	42	0.39
1946	51	0.51
1947	39	0.41
1948	35	0.35
1949	30	0.30
1950	37	0.35

Diarrhoea and Enteritis—Deaths in Sub-districts

Sub-districts	Deaths
City Proper	6
St. Clair	—
East Dry River	18
Belmont	4
Woodbrook	2
St. James	7
Total	37

OTHER PRINCIPAL CAUSES OF DEATH

Cardiac and Vascular Diseases

Year after year in every annual report specific reference is made to these diseases of the heart and circulatory system, to the heavy toll of mortality that they are responsible for, to the fact that this mortality is continuing to increase, and yet very little is done by way of preventive measures to stem this growing tide.

It may be asked what can be done, and though the answer must be "not very much" in view of the fact that the main underlying causes of these diseases are the stresses and strains of modern life, yet there is a certain definite percentage of cases which are due to organic disease that is quite definitely preventable.

I refer to those diseases of the heart and blood vessels that are due to chronic infections like syphilis, and to chronic disease of the liver and kidney.

Adequate and efficient treatment of syphilis in the early stages and, above all, the avoidance of the infection altogether would spare these delicate tissues of the heart and blood vessels and of the brain and central nervous system which are so vulnerable to the disease, and for which so little in the way of treatment can be done when once attacked.

The avoidance of these well-known poisons that cause and aggravate kidney and liver disease would certainly put off the day when the heart must feel the inevitable strain and suffer a breakdown.

And above everything else learning to live within the limits of one's heart is a very valuable and salutary lesson which can make life tolerable and can allow useful work still to be done. All these important advantages can be achieved by health education and a campaign directed to this end would, I have no doubt, be of great assistance in checking the ravages of these diseases that often exact the greatest toll at that period of life when the victim can, by reason of his knowledge, wisdom and experience, be of the greatest assistance to the community.

Two hundred and seventy-five deaths due to Cardiac and Vascular Diseases were certified to the Public Health Department during 1950, giving a death rate of 2.6 per 1,000 population. Seventy-seven of these deaths were attributable to degeneration of the muscle of the heart and 40 to myocarditis, which means practically the same thing. Aneurism claimed 13 victims and it is generally agreed that with proper treatment of syphilis aneurism should never arise.

It is of interest to note that 199 of these deaths were in persons over 60 years of age; the obvious comment is that increasing age brings in its train greater weakening of these delicate tissues and consequently greater vulnerability.

Deaths from Cardiac and Vascular Diseases in Age Groups—1950

Forms	0–20 years	21–40 years	41–60 years	Over 60 years	Total
Diseases of Arteries and Valves :					
Aneurism	—	2	5	6	13
Arterio-Sclerosis and Atheroma	—	2	1	11	14
Coronary Thrombosis	—	3	9	16	28
Mitral and Aortic Incompetence	—	1	2	3	6
Other Diseases of Arteries and Valves	1	4	11	16	32
Diseases of the Heart :					
Auricular Fibrillation	—	—	—	—	—
Pericarditis	—	—	1	—	1
Myocarditis	—	3	5	32	40
Myocardial Degeneration	—	—	6	71	77
Angina Pectoris	—	—	—	1	1
Other Cardiac Diseases	1	8	11	43	63
Total	2	23	51	199	275

Cancer and other Malignant Diseases

A slight but definite rise in the number of deaths due to cancer and other malignant diseases has been observed from analysis of the figures that reached the Public Health Department during 1950 and the increase has continued from year to year.

But the rise is so slight that it may very well be due to the facilities for more accurate diagnosis and more adequate treatment that the improvement of the hospital services and greater knowledge and experience of these diseases have brought about.

When, however, it is borne in mind that from an average of 47.9 cases in the years 1918-1937, there has been a jump to an average of 85 during the 5-year period 1946-1950, it can be seen that there is no room for complacency in our attitude to these diseases.

Unfortunately so little can be done in view of the limited number of accepted facts that are known about these diseases. Preventive treatment depends on an accurate knowledge of the cause of the disease and the effects that it exerts on the human body.

The only hope seems to be a greater appreciation of the severity of these diseases, of their high mortality which amounts to practically one hundred per cent., and of the fact that early diagnosis and treatment are the only means whereby the disease can be kept under control.

Any suspicious lump or indolent ulcer in any part of the body should at once be brought under the care of a doctor with a view to early diagnosis and if necessary appropriate treatment either by surgery, X-Rays, or radium.

Deaths from Cancer and other Malignant Diseases—1918-50

Period	Deaths	Rate per 1,000 population
Yearly Averages :		
1918–22	44.4	0.67
1923–27	45.6	0.71
1928–32	44.6	0.65
1933–37	556.8	0.76
Average 1918–37	47.9	0.70
Yearly Average 1938–42	75.4	0.82
1943	88	0.86
1944	84	0.81
1945	80	0.75
1946	79	0.78
1947	75	0.78
1948	87	0.88
1949	91	0.90
1950	93	0.89

Cancer and other Malignant Diseases—Forms, Sites and Deaths—1950

Forms and Sites	Deaths	
	Males	Females
Carcinoma :		
Jaw	2	—
Thyroid, Lung	2	1
Tongue, Oesophagus, Stomach, Liver,	17	27
Pancreas, Intestines, Colon, Rectum	—	4
Breast, Ovary, Uterus, Vulva, Bladder	—	23
Penis, Prostrate	3	—
Spine	—	1
Site not stated	3	3
Epithelioma :		
Neck	—	1
Sarcoma :		
Urachus	1	—
Undefined Malignant Neoplasms :		
Liver	1	—
Kidney, Ovary	—	2
Parotid Glands	1	—
Sites not stated	—	1
Total	30	63

SANITARY ADMINISTRATION

Staff

The permanent pensionable staff of the Public Health Department remained the same during 1950 as it was during 1949 and no additions were made during the year under report for the simple reason firstly, that no money for recruiting the additional staff that was asked for and for which provisions were made in the Estimates for 1950 was forthcoming because of the late passage of the Estimates by the Legislative Council—they were passed in November, 1950—and secondly, that even if the money were forthcoming there were no qualified Sanitary Inspectors to be engaged.

Similarly for the same reason, lack of the necessary wherewithal, the additional equipment and supplies that I had represented as being necessary for the proper running of the Department and for bringing it up-to-date could not be bought because by the time the Estimates had been approved the year had come to an end.

I have at the very commencement of this report made reference to this recurring handicap, and I do sincerely hope that with the new arrangements recommended by the Financial Commission this difficulty will cease to exist. There was every hope, therefore, that early in the new year of 1951, the necessary men and tools would be provided and, the Estimates having been approved, we can now go ahead and engage the new Sanitary Inspectors as soon as the results of the Royal Sanitary Institute Examination have been published, and requisition the new equipment and supplies from abroad.

At the end of the year there was a total of 164 employees attached to the Public Health Department, 27 on the pensionable staff and 137 on the non-pensionable permanent staff.

Sanitary Inspectors, who numbered 20 on the permanent staff since 1920 numbered 21 at the end of the year under report, but of these only 18 were permanent men, 2 being retired Inspectors who have been recalled to duty because there were no suitable and qualified Sanitary Inspectors to replace them. One vacancy could not be filled because of lack of both suitable recently qualified men and of suitable retired men.

The City was divided at the end of the year into 13 sanitary districts with a Sanitary Inspector in complete charge of all the sanitary services in each district. In fact, he is, in a sense, the Medical Officer of Health of his district and is answerable to the head of his Department for the health and sanitary conditions of his district. The number of premises in these districts varies but averages between 664 the lowest and 1,355 the highest, depending on the locality, the type of buildings, and the size of the premises. For effective sanitary control many of these districts are too large with the result that it takes between 7 to 10 weeks for the cycle of house-to-house inspection to be completed, a period of time that is too long for any particular place to be left uninspected in a tropical City such as Port-of-Spain where the greater portion of the daily life is spent out of doors and where as a result public health nuisances recur with disturbing frequency.

Smaller districts have been advocated for some time now and as soon as additional staff has been recruited the City will be re-divided into smaller sanitary districts in which the cycle of inspection will extend over a period of no more than 4 to 6 weeks.

The five (5) Special Inspectors who have been appointed to do work of a special nature and whose functions have been detailed in many previous reports continued their special work during the year under report with results that can be described as satisfactory. They are the Building Inspector and Draughtsman, the Anti-Rabies and Water Sampling Inspector, the Infectious Diseases and Disinfection Inspector, the Food Inspector, and the Statutory Notices and Preparation of Information Inspector.

The non-pensionable permanent staff comprised at the end of the year under report 2 supervisors, 37 anti-mosquito inspectors and 19 ladder and eaves gutters anti-mosquito men; 2 supervisors, 11 anti-rat squad drivers or foremen and 27 trappers; 6 men employed in disinfecting and disinfesting premises and in the oiling and deodorizing of privy cesspits; 6 men, the anti-bat unit whose duties are the poisoning and trapping of bats inside the City as well as in certain areas outside the City; and 7 men who are employed to clean, disinfect and take care of the Public Conveniences, which have been under the care of the Public Health Department since 1943.

All these operatives are under the care and control of 1 checker and timekeeper, and their work is planned, directed and supervised by 2 members of the permanent pensionable staff, the Anti-Mosquito Overseer and the Anti-Rat Overseer.

The Sanitation Unit (so-called) which is an important unit concerned with the emptying of cesspits, cesspools and septic tanks comprised at the end of the year under report 4 men, 1 clerk, 1 checker, 1 cooper, and 1 yardman at the Mucurapo Pumping Station where the night soil is disposed of, 2 chauffeurs and 2 gangs of cleaners and emptiers each of 5 men.

Their work is planned, directed and supervised by a member of the permanent pensionable staff, the Supervisor of Cesspits.

Dividing the staff into those whose duties are predominantly out of doors and those who work nearly all day indoors, the outdoor staff comprised at the end of the year under report 18 Sanitary Inspectors, 1 supervisor of cesspits, 2 overseers, 1 clerical assistant and 136 miscellaneous workers on the non-pensionable staff; and the indoor staff who perform, in the main, the purely clerical duties of the Department such as correspondence, verbal and written reports, the preparation of the monthly, quarterly and annual reports, the issuing of licences, badges, certificates of registration, &c., the compilation of vital statistics, the ordering of supplies, taking care of the financial transactions of the Department and the keeping of the various ledgers, registers, books, minutes, &c., comprised 3 sanitary inspectors, the chief clerk and 2 other sanitary inspectors, 1 clerical assistant and 1 messenger, all on the permanent pensionable staff and 1 assistant to the messenger drawn from the permanent non-pensionable staff.

I have repeatedly drawn attention to the inadequacy of this staff to run a Department of the size and importance of the Public Health Department concerned with the health of and sanitary services to a population of over 120,000 people. There is urgent need for relief staff to carry out the duties of those Sanitary Inspectors who may be unavoidably away either on vacation or sick leave, on jurors' leave or for other good and sufficient reasons; their duties have then to be performed departmentally and as a result added work and increased strain are thrown on the shoulders of the rest of the already inadequate permanent staff. It often happened during the year under report that as many as 5 of the outdoor pensionable staff were away at the same time on vacation or sick leave or on jurors' service or on other legitimate business.

Premises, &c., Disinfected for Infectious Diseases and Vermin—1950

Diseases	Premises sprayed
Pneumonia	56
Tuberculosis	88
Enteric Fever	13
Diphtheria	34
Puerperal Fever	—
Ophthalmia Neonatorum	1
Chicken Pox	80
Poliomyelitis	—
Cerebro-Spinal Fever	—
Total	272
Vermin	164

14,601 Cesspits were sprayed with a mixture of crude and distillate oils (free of charge) as a routine measure of prevention against spread of the bowel-filth diseases.

Inspection of Premises, &c., by Sanitary Inspectors—1950

Average Monthly No. of Visits to Dwellings, Shops and other Premises ... 6,598

Inspection of Stores, Shops, &c.

	Average Monthly No. of Visits		*Average Monthly No. of Visits*
Provision and Meat Shops	94	Sweet Drink Carts	19
Provision Stores	17	Dairies and Cowsheds	30
Restaurants and Cookshops	39	Stables	30
Bakehouses	14	Goat Pens	69
Bread Depots	6	Aerated Water Factories	3
Cake and Ice Cream Shops	109	Soap Factories	3
Fry Shops	5	Other Factories	13
Hotels	6	Schools	18
Markets	3	Common Lodging Houses	4
Spirit Shops	28	Barber Shops	23
Ice Cream Carts and Pails	57	Dyeworks	1
Cake Trays and Baskets	78	Laundries	16
Provision Trays and Baskets	171	Garages	17
Bread Carts and Baskets	4	Tanneries	2
Fresh Fish Trays	14	Public Urinals	6
Oyster Vendor's Baskets	2	Boats	10
Plantain Carts	1		

Results of Notices and Verbal Directions—1950

	Constructed, installed or provided	Repaired	Cleansed	Painted	Eliminated	Lime-washed	Oiled
Yard pavements.	53	131	7	—	—	—	—
Depressions in yards	—	—	—	—	161	—	—
Yards	—	—	2,460	—	—	—	—
Drains, sinks, gullies, washing troughs, &c.	269	393	2,451	—	—	—	—
Lavatories, sewer basins, flushtanks, urinals, bath rooms, &c.	153	172	926	—	—	5	—
Privies	156	559	42	—	—	256	—
Cesspits	121	127	1,827	—	—	—	162
Manure Heaps	—	—	—	—	702	—	—
Rat Holes	—	—	—	—	53	—	—
Tree Shade, Overgrowths of bush	—	—	—	—	1,152	—	—
Dustbins	502	61	239	23	—	—	—
Dustbin covers	259	—	—	—	—	—	—
Shops, Parlours, Restaurants, Bakehouses, Hotels, &c.	23	125	1,657	228	—	199	—
Aerated Water Factories	—	—	27	2	—	—	—
Bread Carts	—	—	1	—	—	—	—
Barracks, Common Lodging Houses	—	50	24	40	3	28	—
Garages, Kitchens	—	127	—	—	—	61	—
Cowsheds, Stables	—	32	119	—	—	27	—
Tanneries, Soap Factories, &c.	—	—	—	—	—	6	—
Close-boarding, Ventilation of Houses	7	—	—	—	—	—	—
Barbor Shops and other Workshops	—	—	29	9	—	—	—

Reports to Water and Sewerage Department—1950

Reports	*Total*
Leaks, defective taps, chokes, &c.	1,731

Anti-Rabies Measures—1950

TRAPPING, &C., OF BATS

No. of locations inspected for roosts of bats ... 15,068

BATS CAUGHT

Artibeus	268
Desmodus	—
Hemiderma	38
Molossus	27
Noctilio Leporinus	—
Saccopteryx	5
Myotis	3
	*341

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*No Desmodus and Artibeus, Hemiderma, Myotis and Saccopteryx were caught in adjacent districts outside the City limits.

Building Plans, &c.—1950

Reports made by the Public Health Department were as follows :—

On plans, &c., for reconstruction or reconditioning of buildings	1,036
On applications for leases of land in Woodbrook and Gonzales Place	74
On premises in which building operations were in progress	368
On application for certificates of completion of buildings	92

CLEANSING OF PRIVIES, &c.—1950

Under the Public Health Ordinance, Ch. 12. No. 4, Section 64 (1) (*c*), Cesspits, Cesspools and Septic Tanks were cleansed as follows :—

East Dry River	741
Belmont	611
St. James	275
Woodbrook	200
	1,827
Out Districts	2

Outstanding cesspits up to 31st December, 1950 numbered 13.
Average cost per cesspit emptied : $13.33.

Prosecutions—1950

Offences	*No. of Cases*	*Results Total Fines, &c.*
Failing to comply with nuisance notices	5	Fined $80.00
	16	Reprimanded
	2	Withdrawn
	15	Dismissed
	38	
Breaches of Sale of Foodstuffs Bye-laws	12	Fined $88.00
	8	Reprimanded
	3	Withdrawn
	23	
Breach of Sale of Milk Bye-laws	10	Fined $76.00
	4	Reprimanded
	18	Dismissed
	1	Withdrawn
	33	
GRAND TOTAL	94	

Summary

27	Fined $244.00
28	Reprimanded
6	Withdrawn
33	Dismissed
94	

FINANCIAL—1948-50

Revenue

	1948	1949	1950
Revenue collected by the Public Health Department	$ 966.28	$ 691.31	$ 812.10

Expenditure

	1948	1949	1950
Staff (Salaries, including War Bonus) ...	$ 48,147.29	$ 54,055.84	$ 58,576.49
Labour (Wages, including War Bonus) ...	54,393.72	55,580.01	60,682.47
Materials, maintenance, &c.	10,950.46	9,974.85	9,942,32
	$113,491.47	$119,610.70	$129,201.28
Disposal of Night Soil	4,334.72	5,543.74	6,274.28
Emptying of Cesspits	24,744.30	20,826.21	24,361.54*
	$142,570.49	$145,980.65	$159,837.10
Extraordinary (Arrears of Wages, 1947)	6,444.52	—	—
Extraordinary (Arrears of Salary and War Bonus, Regrading, &c.)	—	4,429.34	—
Total	$149,015.01	$150,409.99	$159,837.10

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*Emptying of Cesspits—Amount recoverable from house-owners ... $ 10,786.00

Leave of Absence—1950

Officers	*Vacation Leave No. of Days*	*Sick Leave No. of Days*
Alfred, E.—Sanitary Inspector	28	—
Assing, C. C.—Deputy C.S.I.	—	10
Babb, F.—Sanitary Inspector	116	14
Boucaud, R.— do.	42	—
Callender, E.— do.	28	—
Carpette, O.—Overseer	28	—
Forde, G.—Sanitary Inspector	42	—
Guppy, N. E.— do.	168	—
Hodge, L.— do.	28	—
Holdip, M.— do.	—	7
Joseph, A.—Messenger	21	—
Joseph, V.—Ag. C. Ass't.	28	—
Mitchell, T. M.—Chief Clerk	112	—
Parris, J. W.—Ag. Sanitary Inspector	14	—
Rivers, F. B.—Sanitary Inspector	—	19
Romain, A. B.— do.	70	—
Seon, F. E.— do.	42	—
Turney, H.— do.	28	—
Wilson, A.—Clerical Assistant	—	58
Young, J. F. A.—Supervisor, Cleaning of Cesspits	70	—
	Special Leave	
Marcano, Dr. R. G.—Medical Officer of Health ...	46	

Acknowledgment

At the end of yet another annual report it is my duty once again to acknowledge the loyal co-operation and unflagging devotion to duty of each and every member of the staff, both pensionable and non-pensionable, guided and directed by those capable, efficient, conscientious and hard-working lieutenants, Mr. O. E. Forde, Cert. R. San. I., the Chief Sanitary Inspector and Mr. T. M. Mitchell, Cert. R. San. I., the Chief Clerk.

That we have succeeded in maintaining a not unsatisfactory standard of health and sanitation in the Urban Sanitary District during 1950 in face of the existing shortage of staff and supplies and with inadequate and often out-dated equipment is due entirely to the fact that all pulled their weight admirably together, co-operated well, and have been able to respond willingly to the call to work a little harder and stay on a little longer whenever that became necessary.

For this I am deeply grateful and I seize this opportunity to record my heartfelt thanks.

Once again I desire to bring the valuable services rendered by the members of this Department to the favourable notice of the Local Authority and again to request the Local Authority to make haste and provide those facilities and amenities which are enjoyed by Sanitary Inspectors employed by the Central Government so that our men may feel satisfied and content to remain with us and not desert us at the first opportunity of a suitable vacancy in the service of the Central Government after we have seen them through their "teething" period and after we have taken the trouble to initiate them into the practical side of their life's work and to train them in our methods.